

NEVADA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT AGED				AID CODE 10		----- MONTHLY AVERAGE -----	
2,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,969	46,401	\$ 911,900.18	\$ 19.65	18.218	\$ 463.13	\$ 358.03	
@PHYSICIANS SERVICES	403	1,306	\$ 18,760.04	\$ 14.36	.513	\$ 46.55	\$ 7.37	
OUTPATIENT VISITS	3	5	170.58	34.12	.002	56.86	.07	
OFFICE VISITS	2	3	101.60	33.87	.001	50.80	.04	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	2	68.98	34.49	.001	34.49	.03	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	3	51	314.48	6.17	.020	104.83	.12	
PRINCIPAL SURGEON	1	1	78.56	78.56	.000	78.56	.03	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	50	235.92	4.72	.020	117.96	.09	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	19.60	19.60	.000	19.60	.01	
RADIOLOGY	2	2	26.93	13.47	.001	13.47	.01	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	396	1,247	18,228.45	14.62	.490	46.03	7.16	
@PHARMACY	1,677	41,615	\$ 515,138.24	\$ 12.38	16.339	\$ 307.18	\$ 202.25	
PRESCRIPTION DRUGS	1,670	7,002	503,788.53	71.95	2.749	301.67	197.80	
SNF/ICF	48	312	17,688.53	56.69	.122	368.51	6.94	
OUTPATIENTS	1,629	6,690	486,100.00	72.66	2.627	298.40	190.85	
MEDICAL SUPPLIES	112	34,613	11,349.71	.33	13.590	101.34	4.46	
@DENTIST	65	184	\$ 8,238.50	\$ 44.77	.072	\$ 126.75	\$ 3.23	
VISITS - DIAGNOSTIC	43	115	1,867.00	16.23	.045	43.42	.73	
ORAL SURGERY	8	16	846.00	52.88	.006	105.75	.33	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	1	88.50	88.50	.000	88.50	.03	
ENDODONTICS	3	2	660.00	330.00	.001	220.00	.26	
RESTORATIVE DENTISTRY	17	37	1,857.00	50.19	.015	109.24	.73	
PROSTHETICS	0	1	30.00	30.00	.000	.00	.01	
DENTURES, STAYPLATES	8	11	2,890.00	262.73	.004	361.25	1.13	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	3	1	.00	.00	.000	.00	.00	

NEVADA COUNTY		SUMMARY OF SERVICES FOR CASH GRANT			AGED	AID CODE 10		----- MONTHLY AVERAGE -----		
2,547 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	48		130	\$	2,599.29	\$ 19.99	.051	\$ 54.15	\$	1.02
DIAGNOSTIC AND ANC. PROCED	6		6		246.24	41.04	.002	41.04		.10
EYE APPLIANCES	35		104		1,694.46	16.29	.041	48.41		.67
OTHER OPTOMETRIC SERVICES	12		20		658.59	32.93	.008	54.88		.26
@CHIROPRACTOR	3		3	\$	45.17	\$ 15.06	.001	\$ 15.06	\$	.02
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	3		3		45.17	15.06	.001	15.06		.02
@PODIATRIST	45		70	\$	741.85	\$ 10.60	.027	\$ 16.49	\$	.29
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	45		70		741.85	10.60	.027	16.49		.29
@HOME HEALTH AGENCY	0		0	\$	.00	\$.00	.000	\$.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$.00	.000	\$.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$.00	.000	\$.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$.00	.000	\$.00	\$	.00
@TOTAL HOSPITAL	239		870	\$	141,782.33	\$ 162.97	.342	\$ 593.23	\$	55.67
HOSP INPATIENT TOTAL	55		41		127,192.21	3102.25	.016	2312.59		49.94
HSC HOSPITALS	1		7		.00	.00	.003	.00		.00
NON-HSC HOSPITAL TOTAL	9		34		89,802.66	2641.25	.013	9978.07		35.26
ACCOMMODATIONS	9		34		13,900.63	408.84	.013	1544.51		5.46
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	9		34		13,900.63	408.84	.013	1544.51		5.46
ANCILLARIES	8		0		75,902.03	.00	.000	9487.75		29.80
INPATIENT CROSSOVERS	45		0		37,389.55	.00	.000	830.88		14.68
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	193		829		14,590.12	17.60	.325	75.60		5.73
MEDICAL	1		1		10.96	10.96	.000	10.96		.00
SURGERY	2		2		191.93	95.97	.001	95.97		.08
PATHOLOGY	1		2		7.74	3.87	.001	7.74		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	5		7		339.38	48.48	.003	67.88		.13
CROSSOVERS/ALL OTH OUTPTNT	189		817		14,040.11	17.18	.321	74.29		5.51
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$.00	.000	\$.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,963

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

2,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	239	870	\$ 141,782.33	\$ 162.97	.342	\$ 593.23	\$ 55.67
COMM HOSP INPATIENT TOTAL	55	41	127,192.21	3102.25	.016	2312.59	49.94
HSC HOSPITALS	1	7	.00	.00	.003	.00	.00
NON-HSC HOSPITALS TOTAL	9	34	89,802.66	2641.25	.013	9978.07	35.26
ACCOMMODATIONS	9	34	13,900.63	408.84	.013	1544.51	5.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	34	13,900.63	408.84	.013	1544.51	5.46
ANCILLARIES	8	0	75,902.03	.00	.000	9487.75	29.80
INPATIENT CROSSOVERS	45	0	37,389.55	.00	.000	830.88	14.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	193	829	14,590.12	17.60	.325	75.60	5.73
MEDICAL	1	1	10.96	10.96	.000	10.96	.00
SURGERY	2	2	191.93	95.97	.001	95.97	.08
PATHOLOGY	1	2	7.74	3.87	.001	7.74	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	7	339.38	48.48	.003	67.88	.13
CROSSOVERS/ALL OTH OUTPTNT	189	817	14,040.11	17.18	.321	74.29	5.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	56	1,151	\$ 168,874.71	\$ 146.72	.452	\$ 3015.62	\$ 66.30
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	56	1,151	168,874.71	146.72	.452	3015.62	66.30
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	13	\$ 6,470.98	\$ 497.77	.005	\$ 647.10	\$ 2.54
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	13	6,470.98	497.77	.005	647.10	2.54
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	11	\$ 82.45	\$ 7.50	.004	\$ 20.61	\$.03
PATHOLOGY	3	8	82.00	10.25	.003	27.33	.03
XO AND OTHERS	1	3	.45	.15	.001	.45	.00
@ORGANIZED OUTPATIENT CLINIC	75	124	\$ 17,056.27	\$ 137.55	.049	\$ 227.42	\$ 6.70
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	2	123.70	61.85	.001	123.70	.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	74	122	16,932.57	138.79	.048	228.82	6.65

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2,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	283	924	\$ 32,110.35	\$ 34.75	.363	\$ 113.46	\$ 12.61
DURABLE MED. EQUIP.	2	2	138.73	69.37	.001	69.37	.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	11	2,840.32	258.21	.004	258.21	1.12
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	258	17,950.63	69.58	.101	897.53	7.05
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	52	124	1,361.48	10.98	.049	26.18	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	12	13.19	1.10	.005	1.88	.01
PROSTHETIST/ORTHOTISTS	3	8	66.44	8.31	.003	22.15	.03
PROSTHETICS	3	8	66.44	8.31	.003	22.15	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	45.30	22.65	.001	22.65	.02
HOSPICE SERVICES	2	26	2,954.12	113.62	.010	1477.06	1.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	191	481	6,740.14	14.01	.189	35.29	2.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	766	2,742	\$ 114,002.48	\$ 41.58	1.077	\$ 148.83	\$ 44.76

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

582 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	485	45,962	\$ 545,730.81	\$ 11.87	78.973	\$ 1125.22	\$ 937.68
@PHYSICIANS SERVICES	171	747	\$ 31,734.23	\$ 42.48	1.284	\$ 185.58	\$ 54.53
OUTPATIENT VISITS	81	114	4,984.33	43.72	.196	61.53	8.56
OFFICE VISITS	54	70	2,392.76	34.18	.120	44.31	4.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	39	2,408.21	61.75	.067	66.89	4.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	183.36	36.67	.009	36.67	.32
INPATIENT VISITS	11	137	12,851.89	93.81	.235	1168.35	22.08
HOSPITAL VISITS	11	95	4,053.63	42.67	.163	368.51	6.97
CRITICAL CARE	5	34	8,491.56	249.75	.058	1698.31	14.59

SNF/ICF/TRANS IP CARE	1	8		306.70	38.34	.014	306.70	.53
OPHTHALMOLOGICAL SERVICES	2	2		96.61	48.31	.003	48.31	.17
EXAMINATIONS	2	2		96.61	48.31	.003	48.31	.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	31		1,792.85	57.83	.053	224.11	3.08
PRINCIPAL SURGEON	7	7		1,276.72	182.39	.012	182.39	2.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	24		516.13	21.51	.041	258.07	.89
OUTPATIENT SURGERY	19	57		2,756.03	48.35	.098	145.05	4.74
PRINCIPAL SURGEON	16	16		1,713.41	107.09	.027	107.09	2.94
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	41		1,042.62	25.43	.070	260.66	1.79
DIALYSIS	10	15		3,160.56	210.70	.026	316.06	5.43
PATHOLOGY	10	43		571.05	13.28	.074	57.11	.98
RADIOLOGY	33	118		2,337.28	19.81	.203	70.83	4.02
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	85	230		3,183.63	13.84	.395	37.45	5.47
@PHARMACY	375	20,821	\$	162,679.78	\$ 7.81	35.775	\$ 433.81	\$ 279.52
PRESCRIPTION DRUGS	365	1,487		155,866.40	104.82	2.555	427.03	267.81
SNF/ICF	1	2		259.24	129.62	.003	259.24	.45
OUTPATIENTS	364	1,485		155,607.16	104.79	2.552	427.49	267.37
MEDICAL SUPPLIES	61	19,334		6,813.38	.35	33.220	111.69	11.71
@DENTIST	30	116	\$	2,697.00	\$ 23.25	.199	\$ 89.90	\$ 4.63
VISITS - DIAGNOSTIC	26	73		1,474.00	20.19	.125	56.69	2.53
ORAL SURGERY	5	7		388.00	55.43	.012	77.60	.67
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		71.00	71.00	.002	71.00	.12
RESTORATIVE DENTISTRY	6	21		764.00	36.38	.036	127.33	1.31
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	14	.00	.00	.024	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,966
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

582 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	9	\$ 717.49	\$ 79.72	.015	\$ 179.37	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.08
EYE APPLIANCES	2	4	432.85	108.21	.007	216.43	.74
OTHER OPTOMETRIC SERVICES	3	4	237.19	59.30	.007	79.06	.41
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	6	\$ 89.78	\$ 14.96	.010	\$ 17.96	\$.15
MEDICINE/INJECTIONS	1	1	62.41	62.41	.002	62.41	.11
SURGERY/ANES.	1	1	15.00	15.00	.002	15.00	.03
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	12.37	3.09	.007	3.09	.02
@HOME HEALTH AGENCY	11	1,213	\$ 36,680.89	\$ 30.24	2.084	\$ 3334.63	\$ 63.03
NURSE ANESTHESIST	1	11	29.88	2.72	.019	29.88	.05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	129	662	\$ 168,857.69	\$ 255.07	1.137	\$ 1308.97	\$ 290.13
HOSP INPATIENT TOTAL	14	94	147,448.11	1568.60	.162	10532.01	253.35
HSC HOSPITALS	6	48	64,917.00	1352.44	.082	10819.50	111.54
NON-HSC HOSPITAL TOTAL	2	46	77,347.11	1681.46	.079	38673.56	132.90
ACCOMMODATIONS	2	46	16,069.10	349.33	.079	8034.55	27.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	16,069.10	349.33	.079	8034.55	27.61
ANCILLARIES	2	0	61,278.01	.00	.000	30639.01	105.29
INPATIENT CROSSOVERS	6	0	5,184.00	.00	.000	864.00	8.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	122	568	21,409.58	37.69	.976	175.49	36.79
MEDICAL	20	25	863.74	34.55	.043	43.19	1.48
SURGERY	11	11	287.89	26.17	.019	26.17	.49
PATHOLOGY	39	138	1,531.83	11.10	.237	39.28	2.63
RADIOLOGY	33	40	10,773.89	269.35	.069	326.48	18.51
ROOM USE	50	66	2,645.01	40.08	.113	52.90	4.54
CROSSOVERS/ALL OTH OUTPTNT	67	288	5,307.22	18.43	.495	79.21	9.12
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,967
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

582 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	129	662	\$ 168,857.69	\$ 255.07	1.137	\$ 1308.97	\$ 290.13
COMM HOSP INPATIENT TOTAL	14	94	147,448.11	1568.60	.162	10532.01	253.35
HSC HOSPITALS	6	48	64,917.00	1352.44	.082	10819.50	111.54
NON-HSC HOSPITALS TOTAL	2	46	77,347.11	1681.46	.079	38673.56	132.90
ACCOMMODATIONS	2	46	16,069.10	349.33	.079	8034.55	27.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	16,069.10	349.33	.079	8034.55	27.61
ANCILLARIES	2	0	61,278.01	.00	.000	30639.01	105.29
INPATIENT CROSSOVERS	6	0	5,184.00	.00	.000	864.00	8.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	122	568	21,409.58	37.69	.976	175.49	36.79
MEDICAL	20	25	863.74	34.55	.043	43.19	1.48
SURGERY	11	11	287.89	26.17	.019	26.17	.49
PATHOLOGY	39	138	1,531.83	11.10	.237	39.28	2.63
RADIOLOGY	33	40	10,773.89	269.35	.069	326.48	18.51
ROOM USE	50	66	2,645.01	40.08	.113	52.90	4.54
CROSSOVERS/ALL OTH OUTPTNT	67	288	5,307.22	18.43	.495	79.21	9.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	89	\$ 15,977.78	\$ 179.53	.153	\$ 7988.89	\$ 27.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	24	8,276.88	344.87	.041	8276.88	14.22
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	65	7,700.90	118.48	.112	7700.90	13.23
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	1,500	\$ 40,422.25	\$ 26.95	2.577	\$ 2245.68	\$ 69.45
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	1,500	40,422.25	26.95	2.577	2245.68	69.45
@REHABILITATION FACILITY	10	160	\$ 2,417.21	\$ 15.11	.275	\$ 241.72	\$ 4.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	10	160	2,417.21	15.11	.275	241.72	4.15
@LABORATORY FACILITY	11	124	\$ 1,722.51	\$ 13.89	.213	\$ 156.59	\$ 2.96
PATHOLOGY	11	124	1,722.51	13.89	.213	156.59	2.96
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	26	44	\$	4,482.53	\$	101.88	.076	\$	172.41	\$	7.70
CLINIC	6	6		196.41		32.74	.010		32.74		.34
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	38		4,286.12		112.79	.065		214.31		7.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,968
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

582 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	193	20,460	\$ 77,221.79	\$ 3.77	35.155	\$ 400.11	\$ 132.68
DURABLE MED. EQUIP.	12	29	6,149.86	212.06	.050	512.49	10.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.003	25.00	.09
MEDICAL TRANSPORTATION	13	242	3,897.01	16.10	.416	299.77	6.70
AMBULANCES/AIR TRANS	12	233	2,053.91	8.82	.400	171.16	3.53
OTHER TRANS	1	8	43.10	5.39	.014	43.10	.07
OTHER SERVICES	1	1	1,800.00	1800.00	.002	1800.00	3.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	38	360	25,048.80	69.58	.619	659.18	43.04
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	12	2,396.70	199.73	.021	479.34	4.12
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	76.00	9.50	.014	25.33	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	7	91.54	13.08	.012	45.77	.16
PROSTHETICS	2	7	91.54	13.08	.012	45.77	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	70.00	17.50	.007	23.33	.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	53	7,267	33,133.33	4.56	12.486	625.16	56.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	81	12,529	6,308.55	.50	21.527	77.88	10.84
@CALIF. CHILDREN SERVICES*	32	915	\$ 86,245.24	\$ 94.26	1.572	\$ 2695.16	\$ 148.19
@XOVER EXCLUDING STATE HOSP**	129	4,758	\$ 14,522.85	\$ 3.05	8.175	\$ 112.58	\$ 24.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,969
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

17,674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,697	324,738	\$ 10,567,842.43	\$ 32.54	18.374	\$ 719.05	\$ 597.93
@PHYSICIANS SERVICES	4,401	17,886	\$ 524,192.78	\$ 29.31	1.012	\$ 119.11	\$ 29.66
OUTPATIENT VISITS	2,469	3,777	150,949.61	39.97	.214	61.14	8.54
OFFICE VISITS	1,697	2,401	74,902.52	31.20	.136	44.14	4.24
HOME VISITS	5	7	225.58	32.23	.000	45.12	.01
EMERGENCY ROOM	866	1,180	70,047.96	59.36	.067	80.89	3.96

PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.00
OB VISITS/COMPRE PERI	6	8	681.33	85.17	.000	113.56	.04
OTHER OUTPATIENT	170	180	5,026.44	27.92	.010	29.57	.28
INPATIENT VISITS	248	865	42,012.30	48.57	.049	169.40	2.38
HOSPITAL VISITS	219	771	35,778.82	46.41	.044	163.37	2.02
CRITICAL CARE	17	46	4,680.83	101.76	.003	275.34	.26
SNF/ICF/TRANS IP CARE	30	48	1,552.65	32.35	.003	51.76	.09
OPHTHALMOLOGICAL SERVICES	89	106	4,442.82	41.91	.006	49.92	.25
EXAMINATIONS	88	105	4,407.53	41.98	.006	50.09	.25
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	107	2,532	51,219.48	20.23	.143	478.69	2.90
PRINCIPAL SURGEON	68	115	35,946.98	312.58	.007	528.63	2.03
ASSISTANT SURGEON	11	11	1,547.17	140.65	.001	140.65	.09
ANESTHESIOLOGIST	51	2,406	13,725.33	5.70	.136	269.12	.78
OUTPATIENT SURGERY	326	1,513	56,147.13	37.11	.086	172.23	3.18
PRINCIPAL SURGEON	272	328	45,361.17	138.30	.019	166.77	2.57
ASSISTANT SURGEON	2	2	243.91	121.96	.000	121.96	.01
ANESTHESIOLOGIST	64	1,183	10,542.05	8.91	.067	164.72	.60
DIALYSIS	15	84	5,715.07	68.04	.005	381.00	.32
PATHOLOGY	288	602	13,789.23	22.91	.034	47.88	.78
RADIOLOGY	996	1,812	72,673.89	40.11	.103	72.97	4.11
PSYCHIATRY	7	9	487.51	54.17	.001	69.64	.03
IMMUNIZATION AND INJECTION	103	1,188	18,323.84	15.42	.067	177.90	1.04
OTHER SERVICES/ALL X-OVERS	1,817	5,398	108,431.90	20.09	.305	59.68	6.14
@PHARMACY	11,693	156,461	\$ 6,130,669.90	\$ 39.18	8.853	\$ 524.30	\$ 346.88
PRESCRIPTION DRUGS	11,580	50,529	6,037,836.58	119.49	2.859	521.40	341.62
SNF/ICF	205	1,598	136,316.72	85.30	.090	664.96	7.71
OUTPATIENTS	11,416	48,931	5,901,519.86	120.61	2.769	516.95	333.91
MEDICAL SUPPLIES	795	105,932	92,833.32	.88	5.994	116.77	5.25
@DENTIST	649	2,709	\$ 103,941.18	\$ 38.37	.153	\$ 160.16	\$ 5.88
VISITS - DIAGNOSTIC	445	1,614	24,121.90	14.95	.091	54.21	1.36
ORAL SURGERY	115	307	15,973.75	52.03	.017	138.90	.90
DRUGS	6	6	125.00	20.83	.000	20.83	.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	27	37	3,152.00	85.19	.002	116.74	.18
ENDODONTICS	42	55	11,439.00	207.98	.003	272.36	.65
RESTORATIVE DENTISTRY	207	558	30,507.95	54.67	.032	147.38	1.73
PROSTHETICS	5	5	120.00	24.00	.000	24.00	.01
DENTURES, STAYPLATES	43	105	18,154.50	172.90	.006	422.20	1.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	24	18	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,970
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	17,674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	332	1,055	\$	21,801.30	\$ 20.66	.060	\$ 65.67	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	160	164		7,039.36	42.92	.009	44.00	.40
EYE APPLIANCES	285	853		13,816.74	16.20	.048	48.48	.78
OTHER OPTOMETRIC SERVICES	23	38		945.20	24.87	.002	41.10	.05
@CHIROPRACTOR	112	213	\$	3,501.44	\$ 16.44	.012	\$ 31.26	\$.20
VISITS	99	197		3,252.04	16.51	.011	32.85	.18

OTHER SERVICES	13	16		249.40	15.59	.001	19.18	.01
@PODIATRIST	112	144	\$	3,238.76	\$ 22.49	.008	\$ 28.92	\$.18
MEDICINE/INJECTIONS	61	70		2,060.87	29.44	.004	33.78	.12
SURGERY/ANES.	4	4		78.00	19.50	.000	19.50	.00
RADIO./PATHOLOGY	2	2		41.52	20.76	.000	20.76	.00
OTHER	52	68		1,058.37	15.56	.004	20.35	.06
@HOME HEALTH AGENCY	80	484	\$	31,681.02	\$ 65.46	.027	\$ 396.01	\$ 1.79
NURSE ANESTHESIST	1	5	\$	103.81	\$ 20.76	.000	\$ 103.81	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	60	73	\$	1,793.12	\$ 24.56	.004	\$ 29.89	\$.10
@TOTAL HOSPITAL	3,232	17,122	\$	2,172,066.50	\$ 126.86	.969	\$ 672.05	\$ 122.90
HOSP INPATIENT TOTAL	303	916		1,740,695.14	1900.32	.052	5744.87	98.49
HSC HOSPITALS	43	273		342,316.00	1253.90	.015	7960.84	19.37
NON-HSC HOSPITAL TOTAL	164	643		1,301,181.38	2023.61	.036	7934.03	73.62
ACCOMMODATIONS	164	643		300,105.26	466.73	.036	1829.91	16.98
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	164	643		300,105.26	466.73	.036	1829.91	16.98
ANCILLARIES	164	0		1,001,076.12	.00	.000	6104.12	56.64
INPATIENT CROSSEOVERS	99	0		97,197.76	.00	.000	981.80	5.50
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,050	16,206		431,371.36	26.62	.917	141.43	24.41
MEDICAL	491	737		27,054.24	36.71	.042	55.10	1.53
SURGERY	239	258		9,049.12	35.07	.015	37.86	.51
PATHOLOGY	1,262	5,737		67,965.09	11.85	.325	53.86	3.85
RADIOLOGY	825	1,370		120,612.39	88.04	.078	146.20	6.82
ROOM USE	1,263	1,923		76,689.04	39.88	.109	60.72	4.34
CROSSEOVERS/ALL OTH OUTPTNT	1,483	6,181		130,001.48	21.03	.350	87.66	7.36
@COUNTY HOSPITAL TOTAL	12	126	\$	10,048.87	\$ 79.75	.007	\$ 837.41	\$.57
CO HOSPITAL INPATIENT TOTAL	1	5		4,575.00	915.00	.000	4575.00	.26
HSC HOSPITALS	1	5		4,575.00	915.00	.000	4575.00	.26

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	121	5,473.87	45.24	.007	497.62	.31
MEDICAL	3	9	389.51	43.28	.001	129.84	.02
SURGERY	2	5	234.48	46.90	.000	117.24	.01
PATHOLOGY	3	30	548.88	18.30	.002	182.96	.03
RADIOLOGY	4	13	1,384.39	106.49	.001	346.10	.08
ROOM USE	5	12	449.31	37.44	.001	89.86	.03
CROSSOVERS/ALL OTH OUTPTNT	10	52	2,467.30	47.45	.003	246.73	.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,971

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
17,674 ELIGIBLES					
@COMMUNITY HOSPITAL TOTAL	3,227	16,996	\$ 2,162,017.63	\$ 127.21	.962 \$ 669.98 \$ 122.33
COMM HOSP INPATIENT TOTAL	302	911	1,736,120.14	1905.73	.052 5748.74 98.23
HSC HOSPITALS	42	268	337,741.00	1260.23	.015 8041.45 19.11
NON-HSC HOSPITALS TOTAL	164	643	1,301,181.38	2023.61	.036 7934.03 73.62
ACCOMMODATIONS	164	643	300,105.26	466.73	.036 1829.91 16.98
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	164	643	300,105.26	466.73	.036 1829.91 16.98
ANCILLARIES	164	0	1,001,076.12	.00	.000 6104.12 56.64
INPATIENT CROSSOVERS	99	0	97,197.76	.00	.000 981.80 5.50
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	3,045	16,085	425,897.49	26.48	.910 139.87 24.10
MEDICAL	488	728	26,664.73	36.63	.041 54.64 1.51
SURGERY	237	253	8,814.64	34.84	.014 37.19 .50
PATHOLOGY	1,260	5,707	67,416.21	11.81	.323 53.50 3.81
RADIOLOGY	823	1,357	119,228.00	87.86	.077 144.87 6.75
ROOM USE	1,263	1,911	76,239.73	39.90	.108 60.36 4.31
CROSSOVERS/ALL OTH OUTPTNT	1,476	6,129	127,534.18	20.81	.347 86.41 7.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	149	3,847	\$ 516,735.22	\$ 134.32	.218 \$ 3468.02 \$ 29.24
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	11	312	39,099.84	125.32	.018 3554.53 2.21
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	138	3,535	477,635.38	135.12	.200 3461.13 27.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ 542.19	\$.00	.000 \$.00 \$.03
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	542.19	.00	.000 .00 .03
@HEMODIALYSIS TOTAL	74	4,036	\$ 119,334.37	\$ 29.57	.228 \$ 1612.63 \$ 6.75
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	74	4,036	119,334.37	29.57	.228 1612.63 6.75

@REHABILITATION FACILITY	29	428	\$	6,596.31	\$	15.41	.024	\$	227.46	\$	.37
HOSPITAL BASED	2	2CR		26.10		13.05CR	.000		13.05		.00
INDEPENDENT FACILITY	27	430		6,570.21		15.28	.024		243.34		.37
@LABORATORY FACILITY	412	1,460	\$	18,208.75	\$	12.47	.083	\$	44.20	\$	1.03
PATHOLOGY	406	1,434		18,026.99		12.57	.081		44.40		1.02
XO AND OTHERS	6	26		181.76		6.99	.001		30.29		.01
@ORGANIZED OUTPATIENT CLINIC	1,881	3,120	\$	327,141.64	\$	104.85	.177	\$	173.92	\$	18.51
CLINIC	489	755		22,548.31		29.87	.043		46.11		1.28
SURGICENTER	9	34		1,679.55		49.40	.002		186.62		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,396	2,331		302,913.78		129.95	.132		216.99		17.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,972
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
17,674 ELIGIBLES							
@ALL OTHER PROVIDERS	2,061	115,695	\$ 586,294.14	\$ 5.07	6.546	\$ 284.47	\$ 33.17
DURABLE MED. EQUIP.	256	822	107,709.31	131.03	.047	420.74	6.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	28	3,814.28	136.22	.002	181.63	.22
MEDICAL TRANSPORTATION	227	3,162	52,056.61	16.46	.179	229.32	2.95
AMBULANCES/AIR TRANS	215	2,672	40,148.96	15.03	.151	186.74	2.27
OTHER TRANS	13	467	973.97	2.09	.026	74.92	.06
OTHER SERVICES	12	23	10,933.68	475.38	.001	911.14	.62
ACUPUNCTURE	6	13	222.83	17.14	.001	37.14	.01
ADULT DAY HEALTH CARE CTR	154	1,763	122,669.54	69.58	.100	796.56	6.94
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	24	2,337	75,278.67	32.21	.132	3136.61	4.26
OCCUPATIONAL THERAPIST	1	25	514.74	20.59	.001	514.74	.03
OPTICIAN	339	794	7,943.43	10.00	.045	23.43	.45
PHYSICAL THERAPIST	2	14	281.65	20.12	.001	140.83	.02
PORTABLE X-RAY	16	43	850.30	19.77	.002	53.14	.05
PROSTHETIST/ORTHOTISTS	62	184	26,316.25	143.02	.010	424.46	1.49
PROSTHETICS	62	184	26,316.25	143.02	.010	424.46	1.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	569.95	142.49	.000	189.98	.03
SPEECH AND AUDIOLOGY	29	96	4,012.75	41.80	.005	138.37	.23
HOSPICE SERVICES	11	130	17,833.56	137.18	.007	1621.23	1.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	392	25,441	97,361.54	3.83	1.439	248.37	5.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	660	80,836	68,543.73	.85	4.574	103.85	3.88
@CALIF. CHILDREN SERVICES*	187	10,920	\$ 181,401.83	\$ 16.61	.618	\$ 970.06	\$ 10.26
@XOVER EXCLUDING STATE HOSP**	2,149	21,167	\$ 310,675.15	\$ 14.68	1.198	\$ 144.57	\$ 17.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,973
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
15,288 ELIGIBLES							

@TOTAL, ALL PROVIDERS	8,379	44,201	\$	2,114,017.96	\$	47.83	2.891	\$	252.30	\$	138.28
@PHYSICIANS SERVICES	3,430	8,795	\$	305,882.21	\$	34.78	.575	\$	89.18	\$	20.01
OUTPATIENT VISITS	2,789	3,765		141,025.13		37.46	.246		50.56		9.22
OFFICE VISITS	1,853	2,388		73,349.97		30.72	.156		39.58		4.80
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1,085	1,286		63,674.20		49.51	.084		58.69		4.16
PREVENTIVE CARE	4	4		176.74		44.19	.000		44.19		.01
OB VISITS/COMPRE PERI	18	23		1,760.76		76.55	.002		97.82		.12
OTHER OUTPATIENT	56	64		2,063.46		32.24	.004		36.85		.13
INPATIENT VISITS	92	294		20,791.45		70.72	.019		225.99		1.36
HOSPITAL VISITS	87	207		10,168.09		49.12	.014		116.87		.67
CRITICAL CARE	12	87		10,623.36		122.11	.006		885.28		.69
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	44	52		2,181.14		41.95	.003		49.57		.14
EXAMINATIONS	43	51		2,175.14		42.65	.003		50.58		.14
SERVICES AND MATERIALS	1	1		6.00		6.00	.000		6.00		.00
INPATIENT HOSPITAL SURGERY	69	634		31,133.25		49.11	.041		451.21		2.04
PRINCIPAL SURGEON	46	65		24,494.36		376.84	.004		532.49		1.60
ASSISTANT SURGEON	4	4		682.94		170.74	.000		170.74		.04
ANESTHESIOLOGIST	29	565		5,955.95		10.54	.037		205.38		.39
OUTPATIENT SURGERY	303	1,143		41,317.58		36.15	.075		136.36		2.70
PRINCIPAL SURGEON	264	319		33,446.50		104.85	.021		126.69		2.19
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	59	824		7,871.08		9.55	.054		133.41		.51
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	283	437		6,867.43		15.71	.029		24.27		.45
RADIOLOGY	704	1,025		24,900.92		24.29	.067		35.37		1.63
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	62	129		6,666.26		51.68	.008		107.52		.44
OTHER SERVICES/ALL X-OVERS	363	1,316		30,999.05		23.56	.086		85.40		2.03
@PHARMACY	3,740	10,065	\$	503,431.10	\$	50.02	.658	\$	134.61	\$	32.93
PRESCRIPTION DRUGS	3,725	8,389		499,005.48		59.48	.549		133.96		32.64
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3,725	8,389		499,005.48		59.48	.549		133.96		32.64
MEDICAL SUPPLIES	88	1,676		4,425.62		2.64	.110		50.29		.29
@DENTIST	694	3,218	\$	106,367.64	\$	33.05	.210	\$	153.27	\$	6.96
VISITS - DIAGNOSTIC	504	2,083		34,671.09		16.64	.136		68.79		2.27
ORAL SURGERY	92	224		14,583.00		65.10	.015		158.51		.95
DRUGS	31	38		875.00		23.03	.002		28.23		.06
ANESTHESIA	6	6		525.00		87.50	.000		87.50		.03
PERIODONTICS	5	5		291.00		58.20	.000		58.20		.02
ENDODONTICS	46	92		11,990.25		130.33	.006		260.66		.78
RESTORATIVE DENTISTRY	244	670		36,933.30		55.12	.044		151.37		2.42
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	10	25		2,692.00		107.68	.002		269.20		.18
SPACE MAINTAINERS	5	5		582.00		116.40	.000		116.40		.04
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000		50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	32	61		3,025.00		49.59	.004		94.53		.20
ALL OTHER SERVICES	20	7		150.00		21.43	.000		7.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 8,974
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

15,288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	181	548	\$	12,356.51	\$	22.55	.036	\$	68.27	\$.81
DIAGNOSTIC AND ANC. PROCED	142	145		6,285.43		43.35	.009		44.26		.41
EYE APPLIANCES	140	403		6,071.08		15.06	.026		43.36		.40
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	95	166	\$	2,721.18	\$	16.39	.011	\$	28.64	\$	.18
VISITS	95	166		2,721.18		16.39	.011		28.64		.18
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	29	\$	840.93	\$	29.00	.002	\$	38.22	\$	.06
MEDICINE/INJECTIONS	22	26		794.91		30.57	.002		36.13		.05
SURGERY/ANES.	2	2		27.00		13.50	.000		13.50		.00
RADIO./PATHOLOGY	1	1		19.02		19.02	.000		19.02		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	13	40	\$	2,568.37	\$	64.21	.003	\$	197.57	\$	.17
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	11	76	\$	4,905.79	\$	64.55	.005	\$	445.98	\$	.32
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	66	86	\$	2,116.29	\$	24.61	.006	\$	32.07	\$	.14
@TOTAL HOSPITAL	2,032	9,082	\$	830,770.47	\$	91.47	.594	\$	408.84	\$	54.34
HOSP INPATIENT TOTAL	96	377		594,800.34		1577.72	.025		6195.84		38.91
HSC HOSPITALS	17	120		166,275.02		1385.63	.008		9780.88		10.88
NON-HSC HOSPITAL TOTAL	79	257		428,525.32		1667.41	.017		5424.37		28.03
ACCOMMODATIONS	79	257		101,398.56		394.55	.017		1283.53		6.63
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	79	257		101,398.56		394.55	.017		1283.53		6.63
ANCILLARIES	79	0		327,126.76		.00	.000		4140.85		21.40
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,992	8,705		235,970.13		27.11	.569		118.46		15.43
MEDICAL	320	427		20,188.08		47.28	.028		63.09		1.32
SURGERY	227	245		6,964.74		28.43	.016		30.68		.46
PATHOLOGY	753	2,914		36,239.91		12.44	.191		48.13		2.37
RADIOLOGY	604	786		47,865.82		60.90	.051		79.25		3.13
ROOM USE	1,357	1,799		70,362.25		39.11	.118		51.85		4.60
CROSSOVERS/ALL OTH OUTPTNT	829	2,534		54,349.33		21.45	.166		65.56		3.56
@COUNTY HOSPITAL TOTAL	6	34	\$	1,184.97	\$	34.85	.002	\$	197.50	\$	.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	34		1,184.97		34.85	.002		197.50		.08
MEDICAL	1	2		164.87		82.44	.000		164.87		.01
SURGERY	3	4		304.03		76.01	.000		101.34		.02
PATHOLOGY	2	13		231.58		17.81	.001		115.79		.02
RADIOLOGY	1	1		39.01		39.01	.000		39.01		.00
ROOM USE	4	7		362.86		51.84	.000		90.72		.02
CROSSOVERS/ALL OTH OUTPTNT	3	7		82.62		11.80	.000		27.54		.01

15,288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,027	9,048	\$ 829,585.50	\$ 91.69	.592	\$ 409.27	\$ 54.26
COMM HOSP INPATIENT TOTAL	96	377	594,800.34	1577.72	.025	6195.84	38.91
HSC HOSPITALS	17	120	166,275.02	1385.63	.008	9780.88	10.88
NON-HSC HOSPITALS TOTAL	79	257	428,525.32	1667.41	.017	5424.37	28.03
ACCOMMODATIONS	79	257	101,398.56	394.55	.017	1283.53	6.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	79	257	101,398.56	394.55	.017	1283.53	6.63
ANCILLARIES	79	0	327,126.76	.00	.000	4140.85	21.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,987	8,671	234,785.16	27.08	.567	118.16	15.36
MEDICAL	319	425	20,023.21	47.11	.028	62.77	1.31
SURGERY	224	241	6,660.71	27.64	.016	29.74	.44
PATHOLOGY	751	2,901	36,008.33	12.41	.190	47.95	2.36
RADIOLOGY	603	785	47,826.81	60.93	.051	79.31	3.13
ROOM USE	1,353	1,792	69,999.39	39.06	.117	51.74	4.58
CROSSOVERS/ALL OTH OUTPTNT	826	2,527	54,266.71	21.47	.165	65.70	3.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	48	\$ 673.20	\$ 14.03	.003	\$ 673.20	\$.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	48	673.20	14.03	.003	673.20	.04
@LABORATORY FACILITY	246	495	\$ 8,867.28	\$ 17.91	.032	\$ 36.05	\$.58
PATHOLOGY	246	495	8,867.28	17.91	.032	36.05	.58
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,486	2,385	\$ 255,393.26	\$ 107.08	.156	\$ 171.87	\$ 16.71
CLINIC	618	1,008	31,570.54	31.32	.066	51.09	2.07
SURGICENTER	9	51	1,693.75	33.21	.003	188.19	.11
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	875	1,326	222,128.97	167.52	.087	253.86	14.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	15,288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	971	9,168	\$	77,123.73	\$ 8.41	.600	\$ 79.43	\$ 5.04
DURABLE MED. EQUIP.	36	66		5,578.55	84.52	.004	154.96	.36
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	87	815		20,532.32	25.19	.053	236.00	1.34
AMBULANCES/AIR TRANS	87	811		13,332.32	16.44	.053	153.25	.87
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		7,200.00	1800.00	.000	1800.00	.47
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13		1,341.00	103.15	.001	103.15	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	160	352		3,036.07	8.63	.023	18.98	.20
PHYSICAL THERAPIST	1	7		118.99	17.00	.000	118.99	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	23		2,880.10	125.22	.002	169.42	.19
PROSTHETICS	17	23		2,880.10	125.22	.002	169.42	.19
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	18		729.77	40.54	.001	145.95	.05
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	655	5,812		41,788.57	7.19	.380	63.80	2.73
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	2,062		1,118.36	.54	.135	58.86	.07
@CALIF. CHILDREN SERVICES*	60	1,219	\$	92,342.74	\$ 75.75	.080	\$ 1539.05	\$ 6.04
@XOVER EXCLUDING STATE HOSP**	1	6	\$	433.98	\$ 72.33	.000	\$ 433.98	\$.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

36,091 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25,530	461,302	\$ 14,139,491.38	\$ 30.65	12.782	\$ 553.84	\$ 391.77
@PHYSICIANS SERVICES	8,405	28,734	\$ 880,569.26	\$ 30.65	.796	\$ 104.77	\$ 24.40
OUTPATIENT VISITS	5,342	7,661	297,129.65	38.78	.212	55.62	8.23
OFFICE VISITS	3,606	4,862	150,746.85	31.01	.135	41.80	4.18
HOME VISITS	5	7	225.58	32.23	.000	45.12	.01
EMERGENCY ROOM	1,989	2,507	136,199.35	54.33	.069	68.48	3.77
PREVENTIVE CARE	5	5	242.52	48.50	.000	48.50	.01
OB VISITS/COMPRE PERI	24	31	2,442.09	78.78	.001	101.75	.07
OTHER OUTPATIENT	231	249	7,273.26	29.21	.007	31.49	.20
INPATIENT VISITS	351	1,296	75,655.64	58.38	.036	215.54	2.10
HOSPITAL VISITS	317	1,073	50,000.54	46.60	.030	157.73	1.39
CRITICAL CARE	34	167	23,795.75	142.49	.005	699.88	.66
SNF/ICF/TRANS IP CARE	31	56	1,859.35	33.20	.002	59.98	.05
OPHTHALMOLOGICAL SERVICES	135	160	6,720.57	42.00	.004	49.78	.19
EXAMINATIONS	133	158	6,679.28	42.27	.004	50.22	.19
SERVICES AND MATERIALS	2	2	41.29	20.65	.000	20.65	.00
INPATIENT HOSPITAL SURGERY	184	3,197	84,145.58	26.32	.089	457.31	2.33
PRINCIPAL SURGEON	121	187	61,718.06	330.04	.005	510.07	1.71
ASSISTANT SURGEON	15	15	2,230.11	148.67	.000	148.67	.06
ANESTHESIOLOGIST	82	2,995	20,197.41	6.74	.083	246.31	.56
OUTPATIENT SURGERY	651	2,764	100,535.22	36.37	.077	154.43	2.79
PRINCIPAL SURGEON	553	664	80,599.64	121.39	.018	145.75	2.23
ASSISTANT SURGEON	2	2	243.91	121.96	.000	121.96	.01
ANESTHESIOLOGIST	129	2,098	19,691.67	9.39	.058	152.65	.55
DIALYSIS	25	99	8,875.63	89.65	.003	355.03	.25
PATHOLOGY	582	1,083	21,247.31	19.62	.030	36.51	.59
RADIOLOGY	1,735	2,957	99,939.02	33.80	.082	57.60	2.77
PSYCHIATRY	7	9	487.51	54.17	.000	69.64	.01
IMMUNIZATION AND INJECTION	165	1,317	24,990.10	18.98	.036	151.46	.69
OTHER SERVICES/ALL X-OVERS	2,661	8,191	160,843.03	19.64	.227	60.44	4.46
@PHARMACY	17,485	228,962	\$ 7,311,919.02	\$ 31.94	6.344	\$ 418.18	\$ 202.60
PRESCRIPTION DRUGS	17,340	67,407	7,196,496.99	106.76	1.868	415.02	199.40
SNF/ICF	254	1,912	154,264.49	80.68	.053	607.34	4.27
OUTPATIENTS	17,134	65,495	7,042,232.50	107.52	1.815	411.01	195.12
MEDICAL SUPPLIES	1,056	161,555	115,422.03	.71	4.476	109.30	3.20
@DENTIST	1,438	6,227	\$ 221,244.32	\$ 35.53	.173	\$ 153.86	\$ 6.13
VISITS - DIAGNOSTIC	1,018	3,885	62,133.99	15.99	.108	61.04	1.72
ORAL SURGERY	220	554	31,790.75	57.38	.015	144.50	.88
DRUGS	37	44	1,000.00	22.73	.001	27.03	.03
ANESTHESIA	8	8	725.00	90.63	.000	90.63	.02
PERIODONTICS	33	43	3,531.50	82.13	.001	107.02	.10
ENDODONTICS	92	150	24,160.25	161.07	.004	262.61	.67
RESTORATIVE DENTISTRY	474	1,286	70,062.25	54.48	.036	147.81	1.94
PROSTHETICS	6	7	150.00	21.43	.000	25.00	.00
DENTURES, STAYPLATES	61	141	23,736.50	168.34	.004	389.12	.66
SPACE MAINTAINERS	5	5	582.00	116.40	.000	116.40	.02
MAXILLOFACIAL SERVICES	2	2	162.08	81.04	.000	81.04	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	33	62	3,060.00	49.35	.002	92.73	.08
ALL OTHER SERVICES	50	40	150.00	3.75	.001	3.00	.00

36,091 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	565	1,742	\$ 37,474.59	\$ 21.51	.048	\$ 66.33	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	309	316	13,618.48	43.10	.009	44.07	.38
EYE APPLIANCES	462	1,364	22,015.13	16.14	.038	47.65	.61
OTHER OPTOMETRIC SERVICES	38	62	1,840.98	29.69	.002	48.45	.05
@CHIROPRACTOR	210	382	\$ 6,267.79	\$ 16.41	.011	\$ 29.85	\$.17
VISITS	194	363	5,973.22	16.46	.010	30.79	.17
OTHER SERVICES	16	19	294.57	15.50	.001	18.41	.01
@PODIATRIST	184	249	\$ 4,911.32	\$ 19.72	.007	\$ 26.69	\$.14
MEDICINE/INJECTIONS	84	97	2,918.19	30.08	.003	34.74	.08
SURGERY/ANES.	7	7	120.00	17.14	.000	17.14	.00
RADIO./PATHOLOGY	3	3	60.54	20.18	.000	20.18	.00
OTHER	101	142	1,812.59	12.76	.004	17.95	.05
@HOME HEALTH AGENCY	104	1,737	\$ 70,930.28	\$ 40.83	.048	\$ 682.02	\$ 1.97
NURSE ANESTHESIST	2	16	\$ 133.69	\$ 8.36	.000	\$ 66.85	\$.00
NURSE MIDWIFE	11	76	\$ 4,905.79	\$ 64.55	.002	\$ 445.98	\$.14
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	126	159	\$ 3,909.41	\$ 24.59	.004	\$ 31.03	\$.11
@TOTAL HOSPITAL	5,632	27,736	\$ 3,313,476.99	\$ 119.46	.769	\$ 588.33	\$ 91.81
HOSP INPATIENT TOTAL	468	1,428	2,610,135.80	1827.83	.040	5577.21	72.32
HSC HOSPITALS	67	448	573,508.02	1280.15	.012	8559.82	15.89
NON-HSC HOSPITAL TOTAL	254	980	1,896,856.47	1935.57	.027	7467.94	52.56
ACCOMMODATIONS	254	980	431,473.55	440.28	.027	1698.71	11.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	254	980	431,473.55	440.28	.027	1698.71	11.96
ANCILLARIES	253	0	1,465,382.92	.00	.000	5792.03	40.60
INPATIENT CROSSOVERS	150	0	139,771.31	.00	.000	931.81	3.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,357	26,308	703,341.19	26.73	.729	131.29	19.49
MEDICAL	832	1,190	48,117.02	40.43	.033	57.83	1.33
SURGERY	479	516	16,493.68	31.96	.014	34.43	.46
PATHOLOGY	2,055	8,791	105,744.57	12.03	.244	51.46	2.93
RADIOLOGY	1,462	2,196	179,252.10	81.63	.061	122.61	4.97
ROOM USE	2,675	3,795	150,035.68	39.54	.105	56.09	4.16
CROSSOVERS/ALL OTH OUTPTNT	2,568	9,820	203,698.14	20.74	.272	79.32	5.64
@COUNTY HOSPITAL TOTAL	18	160	\$ 11,233.84	\$ 70.21	.004	\$ 624.10	\$.31
CO HOSPITAL INPATIENT TOTAL	1	5	4,575.00	915.00	.000	4575.00	.13
HSC HOSPITALS	1	5	4,575.00	915.00	.000	4575.00	.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	155	6,658.84	42.96	.004	391.70	.18
MEDICAL	4	11	554.38	50.40	.000	138.60	.02
SURGERY	5	9	538.51	59.83	.000	107.70	.01
PATHOLOGY	5	43	780.46	18.15	.001	156.09	.02

RADIOLOGY	5	14	1,423.40	101.67	.000	284.68	.04
ROOM USE	9	19	812.17	42.75	.001	90.24	.02
CROSSOVERS/ALL OTH OUTPTNT	13	59	2,549.92	43.22	.002	196.15	.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,979

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
36,091 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,622	27,576	\$ 3,302,243.15	\$ 119.75	.764	\$ 587.38	\$ 91.50
COMM HOSP INPATIENT TOTAL	467	1,423	2,605,560.80	1831.03	.039	5579.36	72.19
HSC HOSPITALS	66	443	568,933.02	1284.27	.012	8620.20	15.76
NON-HSC HOSPITALS TOTAL	254	980	1,896,856.47	1935.57	.027	7467.94	52.56
ACCOMMODATIONS	254	980	431,473.55	440.28	.027	1698.71	11.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	254	980	431,473.55	440.28	.027	1698.71	11.96
ANCILLARIES	253	0	1,465,382.92	.00	.000	5792.03	40.60
INPATIENT CROSSOVERS	150	0	139,771.31	.00	.000	931.81	3.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,347	26,153	696,682.35	26.64	.725	130.29	19.30
MEDICAL	828	1,179	47,562.64	40.34	.033	57.44	1.32
SURGERY	474	507	15,955.17	31.47	.014	33.66	.44
PATHOLOGY	2,051	8,748	104,964.11	12.00	.242	51.18	2.91
RADIOLOGY	1,459	2,182	177,828.70	81.50	.060	121.88	4.93
ROOM USE	2,671	3,776	149,223.51	39.52	.105	55.87	4.13
CROSSOVERS/ALL OTH OUTPTNT	2,558	9,761	201,148.22	20.61	.270	78.63	5.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	207	5,087	\$ 701,587.71	\$ 137.92	.141	\$ 3389.31	\$ 19.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	11	312	39,099.84	125.32	.009	3554.53	1.08
LEV B-SUBACUTE FREESTANDING	1	24	8,276.88	344.87	.001	8276.88	.23
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	195	4,751	654,210.99	137.70	.132	3354.93	18.13
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ 542.19	\$.00	.000	\$.00	\$.02
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	542.19	.00	.000	.00	.02
@HEMODIALYSIS TOTAL	102	5,549	\$ 166,227.60	\$ 29.96	.154	\$ 1629.68	\$ 4.61
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	102	5,549	166,227.60	29.96	.154	1629.68	4.61
@REHABILITATION FACILITY	40	636	\$ 9,686.72	\$ 15.23	.018	\$ 242.17	\$.27
HOSPITAL BASED	2	2CR	26.10	13.05CR	.000	13.05	.00
INDEPENDENT FACILITY	38	638	9,660.62	15.14	.018	254.23	.27
@LABORATORY FACILITY	673	2,090	\$ 28,880.99	\$ 13.82	.058	\$ 42.91	\$.80
PATHOLOGY	666	2,061	28,698.78	13.92	.057	43.09	.80
XO AND OTHERS	7	29	182.21	6.28	.001	26.03	.01
@ORGANIZED OUTPATIENT CLINIC	3,468	5,673	\$ 604,073.70	\$ 106.48	.157	\$ 174.19	\$ 16.74
CLINIC	1,113	1,769	54,315.26	30.70	.049	48.80	1.50
SURGICENTER	19	87	3,497.00	40.20	.002	184.05	.10
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,365	3,817	546,261.44	143.11	.106	230.98	15.14

MOP024
NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

36,091 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,508	146,247	\$ 772,750.01	\$ 5.28	4.052	\$ 220.28	\$ 21.41
DURABLE MED. EQUIP.	306	919	119,576.45	130.12	.025	390.77	3.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	34	41	6,704.60	163.53	.001	197.19	.19
MEDICAL TRANSPORTATION	327	4,219	76,485.94	18.13	.117	233.90	2.12
AMBULANCES/AIR TRANS	314	3,716	55,535.19	14.94	.103	176.86	1.54
OTHER TRANS	14	475	1,017.07	2.14	.013	72.65	.03
OTHER SERVICES	17	28	19,933.68	711.92	.001	1172.57	.55
ACUPUNCTURE	6	13	222.83	17.14	.000	37.14	.01
ADULT DAY HEALTH CARE CTR	212	2,381	165,668.97	69.58	.066	781.46	4.59
GENETIC DISEASE TESTING	16	16	1,656.00	103.50	.000	103.50	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	29	2,349	77,675.37	33.07	.065	2678.46	2.15
OCCUPATIONAL THERAPIST	1	25	514.74	20.59	.001	514.74	.01
OPTICIAN	554	1,278	12,416.98	9.72	.035	22.41	.34
PHYSICAL THERAPIST	3	21	400.64	19.08	.001	133.55	.01
PORTABLE X-RAY	23	55	863.49	15.70	.002	37.54	.02
PROSTHETIST/ORTHOTISTS	84	222	29,354.33	132.23	.006	349.46	.81
PROSTHETICS	84	222	29,354.33	132.23	.006	349.46	.81
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	569.95	142.49	.000	189.98	.02
SPEECH AND AUDIOLOGY	39	120	4,857.82	40.48	.003	124.56	.13
HOSPICE SERVICES	13	156	20,787.68	133.25	.004	1599.05	.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,100	38,520	172,283.44	4.47	1.067	156.62	4.77
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	951	95,908		82,710.78		.86	2.657	86.97	2.29
@CALIF. CHILDREN SERVICES*	279	13,054	\$	359,989.81	\$	27.58	.362	\$ 1290.29	\$ 9.97
@XOVER EXCLUDING STATE HOSP**	3,045	28,673	\$	439,634.46	\$	15.33	.794	\$ 144.38	\$ 12.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 8,981

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	1,538 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	574	1,931	\$	134,961.38	\$ 69.89	1.256	\$ 235.12	\$ 87.75
@PHYSICIANS SERVICES	332	681	\$	26,921.68	\$ 39.53	.443	\$ 81.09	\$ 17.50
OUTPATIENT VISITS	281	413		13,286.94	32.17	.269	47.28	8.64
OFFICE VISITS	215	306		8,376.32	27.37	.199	38.96	5.45
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	86	105		4,841.24	46.11	.068	56.29	3.15
PREVENTIVE CARE	1	2		69.38	34.69	.001	69.38	.05
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	31	86		6,468.36	75.21	.056	208.66	4.21
HOSPITAL VISITS	28	63		2,801.90	44.47	.041	100.07	1.82
CRITICAL CARE	3	23		3,666.46	159.41	.015	1222.15	2.38
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		99.31	49.66	.001	49.66	.06
EXAMINATIONS	2	2		99.31	49.66	.001	49.66	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	28		3,450.59	123.24	.018	492.94	2.24
PRINCIPAL SURGEON	5	8		2,891.82	361.48	.005	578.36	1.88
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	20		558.77	27.94	.013	186.26	.36
OUTPATIENT SURGERY	9	9		594.18	66.02	.006	66.02	.39
PRINCIPAL SURGEON	9	9		594.18	66.02	.006	66.02	.39
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	7		72.19	10.31	.005	10.31	.05
RADIOLOGY	32	49		664.62	13.56	.032	20.77	.43
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4		33.52	8.38	.003	16.76	.02
OTHER SERVICES/ALL X-OVERS	49	83		2,251.97	27.13	.054	45.96	1.46
@PHARMACY	245	357	\$	13,721.36	\$ 38.44	.232	\$ 56.01	\$ 8.92
PRESCRIPTION DRUGS	244	352		13,495.52	38.34	.229	55.31	8.77
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	244	352		13,495.52	38.34	.229	55.31	8.77
MEDICAL SUPPLIES	5	5		225.84	45.17	.003	45.17	.15
@DENTIST	1	1	\$	25.00	\$ 25.00	.001	\$ 25.00	\$.02
VISITS - DIAGNOSTIC	1	1		25.00	25.00	.001	25.00	.02
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,982
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	1,538 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	2	5	\$	54.34	\$ 10.87	.003	\$ 27.17	\$.04
VISITS	2	5		54.34	10.87	.003	27.17	.04
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	4	\$	254.71	\$ 63.68	.003	\$ 63.68	\$.17
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	5	\$	295.66	\$ 59.13	.003	\$ 98.55	\$.19
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	52.36	\$ 26.18	.001	\$ 26.18	\$.03
@TOTAL HOSPITAL	168	547	\$	85,239.27	\$ 155.83	.356	\$ 507.38	\$ 55.42
HOSP INPATIENT TOTAL	11	52		72,802.63	1400.05	.034	6618.42	47.34
HSC HOSPITALS	2	27		38,890.00	1440.37	.018	19445.00	25.29
NON-HSC HOSPITAL TOTAL	9	25		33,912.63	1356.51	.016	3768.07	22.05
ACCOMMODATIONS	9	25		12,214.25	488.57	.016	1357.14	7.94
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	25		12,214.25	488.57	.016	1357.14	7.94
ANCILLARIES	9	0		21,698.38	.00	.000	2410.93	14.11
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	160	495		12,436.64	25.12	.322	77.73	8.09
MEDICAL	64	79		2,478.34	31.37	.051	38.72	1.61
SURGERY	7	7		238.65	34.09	.005	34.09	.16
PATHOLOGY	46	120		1,251.60	10.43	.078	27.21	.81
RADIOLOGY	25	32		1,381.06	43.16	.021	55.24	.90
ROOM USE	138	169		5,432.08	32.14	.110	39.36	3.53
CROSSOVERS/ALL OTH OUTPTNT	58	88		1,654.91	18.81	.057	28.53	1.08
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	1,538 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	168		547	\$ 85,239.27	\$ 155.83	.356	\$ 507.38	\$ 55.42
COMM HOSP INPATIENT TOTAL	11		52	72,802.63	1400.05	.034	6618.42	47.34
HSC HOSPITALS	2		27	38,890.00	1440.37	.018	19445.00	25.29
NON-HSC HOSPITALS TOTAL	9		25	33,912.63	1356.51	.016	3768.07	22.05
ACCOMMODATIONS	9		25	12,214.25	488.57	.016	1357.14	7.94
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9		25	12,214.25	488.57	.016	1357.14	7.94
ANCILLARIES	9		0	21,698.38	.00	.000	2410.93	14.11
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	160		495	12,436.64	25.12	.322	77.73	8.09
MEDICAL	64		79	2,478.34	31.37	.051	38.72	1.61
SURGERY	7		7	238.65	34.09	.005	34.09	.16
PATHOLOGY	46		120	1,251.60	10.43	.078	27.21	.81
RADIOLOGY	25		32	1,381.06	43.16	.021	55.24	.90
ROOM USE	138		169	5,432.08	32.14	.110	39.36	3.53
CROSSOVERS/ALL OTH OUTPTNT	58		88	1,654.91	18.81	.057	28.53	1.08
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1		2	\$ 142.97	\$ 71.49	.001	\$ 142.97	\$.09
HOSPITAL BASED	1		2	142.97	71.49	.001	142.97	.09
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1		3	\$ 29.52	\$ 9.84	.002	\$ 29.52	\$.02
PATHOLOGY	1		3	29.52	9.84	.002	29.52	.02
XO AND OTHERS	0		0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	16	22	\$	2,115.72	\$	96.17	.014	\$	132.23	\$	1.38
CLINIC	4	8		263.26		32.91	.005		65.82		.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	14		1,852.46		132.32	.009		154.37		1.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,984
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	1,538 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18		302	\$ 6,108.79	\$ 20.23	.196	\$ 339.38	\$ 3.97
DURABLE MED. EQUIP.	2		2	268.15	134.08	.001	134.08	.17
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7		235	3,943.04	16.78	.153	563.29	2.56
AMBULANCES/AIR TRANS	7		234	2,143.04	9.16	.152	306.15	1.39
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.001	1800.00	1.17
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5		41	1,744.97	42.56	.027	348.99	1.13
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4		24	152.63	6.36	.016	38.16	.10
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	15		90	\$ 43,652.36	\$ 485.03	.059	\$ 2910.16	\$ 28.38
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 8,985
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	1,618 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,271		9,138	\$ 895,742.60	\$ 98.02	5.648	\$ 704.75	\$ 553.61
@PHYSICIANS SERVICES	630		1,891	\$ 150,981.58	\$ 79.84	1.169	\$ 239.65	\$ 93.31
OUTPATIENT VISITS	260		394	22,406.75	56.87	.244	86.18	13.85
OFFICE VISITS	116		161	6,212.06	38.58	.100	53.55	3.84
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	66		77	4,407.50	57.24	.048	66.78	2.72

PREVENTIVE CARE	1	2	80.02	40.01	.001	80.02	.05
OB VISITS/COMPRE PERI	102	154	11,707.17	76.02	.095	114.78	7.24
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	104	252	13,050.33	51.79	.156	125.48	8.07
HOSPITAL VISITS	100	223	9,400.00	42.15	.138	94.00	5.81
CRITICAL CARE	5	29	3,650.33	125.87	.018	730.07	2.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	144	532	83,731.73	157.39	.329	581.47	51.75
PRINCIPAL SURGEON	106	114	73,039.71	640.70	.070	689.05	45.14
ASSISTANT SURGEON	11	11	2,051.50	186.50	.007	186.50	1.27
ANESTHESIOLOGIST	38	407	8,640.52	21.23	.252	227.38	5.34
OUTPATIENT SURGERY	78	192	10,743.45	55.96	.119	137.74	6.64
PRINCIPAL SURGEON	70	106	8,984.80	84.76	.066	128.35	5.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	86	1,758.65	20.45	.053	87.93	1.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	111	183	3,236.43	17.69	.113	29.16	2.00
RADIOLOGY	192	223	11,667.20	52.32	.138	60.77	7.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	23	49	1,541.05	31.45	.030	67.00	.95
OTHER SERVICES/ALL X-OVERS	52	66	4,604.64	69.77	.041	88.55	2.85
@PHARMACY	263	480	\$ 14,248.56	\$ 29.68	.297	\$ 54.18	\$ 8.81
PRESCRIPTION DRUGS	259	433	10,929.70	25.24	.268	42.20	6.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	259	433	10,929.70	25.24	.268	42.20	6.76
MEDICAL SUPPLIES	21	47	3,318.86	70.61	.029	158.04	2.05
@DENTIST	5	14	\$ 100.00	\$ 7.14	.009	\$ 20.00	\$.06
VISITS - DIAGNOSTIC	3	6	13.00	2.17	.004	4.33	.01
ORAL SURGERY	1	1	.00	.00	.001	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	7	87.00	12.43	.004	29.00	.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,986
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	1,618 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	16	\$	795.19	\$ 49.70	.010	\$ 88.35	\$.49
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	14	62	\$	4,751.32	\$ 76.63	.038	\$ 339.38	\$ 2.94
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	730	6,001	\$	695,791.23	\$ 115.95	3.709	\$ 953.14	\$ 430.03
HOSP INPATIENT TOTAL	119	509		565,301.71	1110.61	.315	4750.43	349.38
HSC HOSPITALS	8	41		56,686.04	1382.59	.025	7085.76	35.03
NON-HSC HOSPITAL TOTAL	112	468		508,615.67	1086.79	.289	4541.21	314.35
ACCOMMODATIONS	112	468		181,634.35	388.11	.289	1621.74	112.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	112	468		181,634.35	388.11	.289	1621.74	112.26
ANCILLARIES	112	0		326,981.32	.00	.000	2919.48	202.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	696	5,492		130,489.52	23.76	3.394	187.48	80.65
MEDICAL	48	55		2,663.83	48.43	.034	55.50	1.65
SURGERY	27	45		1,355.31	30.12	.028	50.20	.84
PATHOLOGY	393	1,383		20,025.03	14.48	.855	50.95	12.38
RADIOLOGY	123	134		10,869.73	81.12	.083	88.37	6.72
ROOM USE	430	813		26,692.45	32.83	.502	62.08	16.50
CROSSOVERS/ALL OTH OUTPTNT	470	3,062		68,883.17	22.50	1.892	146.56	42.57
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,987
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	1,618 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	730	6,001	\$	695,791.23	\$ 115.95	3.709	\$ 953.14	\$ 430.03
COMM HOSP INPATIENT TOTAL	119	509		565,301.71	1110.61	.315	4750.43	349.38
HSC HOSPITALS	8	41		56,686.04	1382.59	.025	7085.76	35.03
NON-HSC HOSPITALS TOTAL	112	468		508,615.67	1086.79	.289	4541.21	314.35
ACCOMMODATIONS	112	468		181,634.35	388.11	.289	1621.74	112.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	112	468		181,634.35	388.11	.289	1621.74	112.26
ANCILLARIES	112	0		326,981.32	.00	.000	2919.48	202.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	696	5,492		130,489.52	23.76	3.394	187.48	80.65
MEDICAL	48	55		2,663.83	48.43	.034	55.50	1.65
SURGERY	27	45		1,355.31	30.12	.028	50.20	.84
PATHOLOGY	393	1,383		20,025.03	14.48	.855	50.95	12.38
RADIOLOGY	123	134		10,869.73	81.12	.083	88.37	6.72
ROOM USE	430	813		26,692.45	32.83	.502	62.08	16.50
CROSSOVERS/ALL OTH OUTPTNT	470	3,062		68,883.17	22.50	1.892	146.56	42.57
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	165	316	\$	5,542.74	\$	17.54	.195	\$	33.59	\$	3.43
PATHOLOGY	165	316		5,542.74		17.54	.195		33.59		3.43
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	50	238	\$	16,689.13	\$	70.12	.147	\$	333.78	\$	10.31
CLINIC	27	153		6,315.99		41.28	.095		233.93		3.90
SURGICENTER	3	28		696.79		24.89	.017		232.26		.43
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	57		9,676.35		169.76	.035		483.82		5.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 8,988
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	1,618 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	62	120	\$	6,842.85	\$ 57.02	.074	\$ 110.37	\$ 4.23
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	64		923.37	14.43	.040	131.91	.57
AMBULANCES/AIR TRANS	7	64		923.37	14.43	.040	131.91	.57
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	55	55		5,775.00	105.00	.034	105.00	3.57
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		144.48	144.48	.001	144.48	.09
PROSTHETICS	1	1		144.48	144.48	.001	144.48	.09
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$	299.00	\$ 299.00	.001	\$ 299.00	\$.18
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 8,989
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	3	4	\$	57.66	\$	14.42	1.000	\$	19.22	\$	14.42
@PHYSICIANS SERVICES	1	2	\$	26.26	\$	13.13	.500	\$	26.26	\$	6.57
OUTPATIENT VISITS	1	1		24.00		24.00	.250		24.00		6.00
OFFICE VISITS	1	1		24.00		24.00	.250		24.00		6.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.26		2.26	.250		2.26		.57
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	1	\$	9.00	\$	9.00	.250	\$	9.00	\$	2.25
PRESCRIPTION DRUGS	1	1		9.00		9.00	.250		9.00		2.25
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		9.00		9.00	.250		9.00		2.25
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,990
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
04 ELIGIBLES							

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,991
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 22.40	\$ 22.40	.250	\$ 22.40	\$ 5.60
PATHOLOGY	1	1	22.40	22.40	.250	22.40	5.60
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,992
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

3,160 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,848	11,073	\$ 1,030,761.64	\$ 93.09	3.504	\$ 557.77	\$ 326.19	
@PHYSICIANS SERVICES	963	2,574	\$ 177,929.52	\$ 69.13	.815	\$ 184.77	\$ 56.31	
OUTPATIENT VISITS	542	808	35,717.69	44.21	.256	65.90	11.30	
OFFICE VISITS	332	468	14,612.38	31.22	.148	44.01	4.62	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	152	182	9,248.74	50.82	.058	60.85	2.93	
PREVENTIVE CARE	2	4	149.40	37.35	.001	74.70	.05	
OB VISITS/COMPRE PERI	102	154	11,707.17	76.02	.049	114.78	3.70	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	135	338	19,518.69	57.75	.107	144.58	6.18	
HOSPITAL VISITS	128	286	12,201.90	42.66	.091	95.33	3.86	
CRITICAL CARE	8	52	7,316.79	140.71	.016	914.60	2.32	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	2	99.31	49.66	.001	49.66	.03	
EXAMINATIONS	2	2	99.31	49.66	.001	49.66	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	151	560	87,182.32	155.68	.177	577.37	27.59	
PRINCIPAL SURGEON	111	122	75,931.53	622.39	.039	684.07	24.03	
ASSISTANT SURGEON	11	11	2,051.50	186.50	.003	186.50	.65	
ANESTHESIOLOGIST	41	427	9,199.29	21.54	.135	224.37	2.91	
OUTPATIENT SURGERY	87	201	11,337.63	56.41	.064	130.32	3.59	
PRINCIPAL SURGEON	79	115	9,578.98	83.30	.036	121.25	3.03	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	20	86	1,758.65	20.45	.027	87.93	.56	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	119	191	3,310.88	17.33	.060	27.82	1.05	
RADIOLOGY	224	272	12,331.82	45.34	.086	55.05	3.90	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	25	53	1,574.57	29.71	.017	62.98	.50	
OTHER SERVICES/ALL X-OVERS	101	149	6,856.61	46.02	.047	67.89	2.17	
@PHARMACY	509	838	\$ 27,978.92	\$ 33.39	.265	\$ 54.97	\$ 8.85	
PRESCRIPTION DRUGS	504	786	24,434.22	31.09	.249	48.48	7.73	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	504	786	24,434.22	31.09	.249	48.48	7.73	
MEDICAL SUPPLIES	26	52	3,544.70	68.17	.016	136.33	1.12	
@DENTIST	6	15	\$ 125.00	\$ 8.33	.005	\$ 20.83	\$.04	
VISITS - DIAGNOSTIC	4	7	38.00	5.43	.002	9.50	.01	
ORAL SURGERY	1	1	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	3	7	87.00	12.43	.002	29.00	.03	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

3,160 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$.00	.000	\$.00	\$.00	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00	.00	.00
EYE APPLIANCES	0		0		.00	.00	.000	.00	.00	.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00	.00	.00
@CHIROPRACTOR	2		5	\$	54.34	\$ 10.87	.002	\$ 27.17	\$.02	.02
VISITS	2		5		54.34	10.87	.002	27.17	.02	.02
OTHER SERVICES	0		0		.00	.00	.000	.00	.00	.00
@PODIATRIST	0		0	\$	.00	\$.00	.000	\$.00	\$.00	.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00	.00	.00
SURGERY/ANES.	0		0		.00	.00	.000	.00	.00	.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00	.00	.00
OTHER	0		0		.00	.00	.000	.00	.00	.00
@HOME HEALTH AGENCY	13		20	\$	1,049.90	\$ 52.50	.006	\$ 80.76	\$.33	.33
NURSE ANESTHESIST	0		0	\$	.00	\$.00	.000	\$.00	\$.00	.00
NURSE MIDWIFE	17		67	\$	5,046.98	\$ 75.33	.021	\$ 296.88	\$ 1.60	1.60
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$.00	.000	\$.00	\$.00	.00
FAMILY NURSE PRACTITIONER	2		2	\$	52.36	\$ 26.18	.001	\$ 26.18	\$.02	.02
@TOTAL HOSPITAL	898		6,548	\$	781,030.50	\$ 119.28	2.072	\$ 869.74	\$ 247.16	247.16
HOSP INPATIENT TOTAL	130		561		638,104.34	1137.44	.178	4908.49	201.93	201.93
HSC HOSPITALS	10		68		95,576.04	1405.53	.022	9557.60	30.25	30.25
NON-HSC HOSPITAL TOTAL	121		493		542,528.30	1100.46	.156	4483.70	171.69	171.69
ACCOMMODATIONS	121		493		193,848.60	393.20	.156	1602.05	61.34	61.34
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00	.00
ALL OTHER ACCOM	121		493		193,848.60	393.20	.156	1602.05	61.34	61.34
ANCILLARIES	121		0		348,679.70	.00	.000	2881.65	110.34	110.34
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00	.00
HOSP OUTPATIENT TOTAL	856		5,987		142,926.16	23.87	1.895	166.97	45.23	45.23
MEDICAL	112		134		5,142.17	38.37	.042	45.91	1.63	1.63
SURGERY	34		52		1,593.96	30.65	.016	46.88	.50	.50
PATHOLOGY	439		1,503		21,276.63	14.16	.476	48.47	6.73	6.73
RADIOLOGY	148		166		12,250.79	73.80	.053	82.78	3.88	3.88
ROOM USE	568		982		32,124.53	32.71	.311	56.56	10.17	10.17
CROSSOVERS/ALL OTH OUTPTNT	528		3,150		70,538.08	22.39	.997	133.59	22.32	22.32
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$.00	.000	\$.00	\$.00	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00	.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,995
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	3,160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	898	6,548	\$	781,030.50	\$ 119.28	2.072	\$ 869.74	\$ 247.16
COMM HOSP INPATIENT TOTAL	130	561		638,104.34	1137.44	.178	4908.49	201.93
HSC HOSPITALS	10	68		95,576.04	1405.53	.022	9557.60	30.25
NON-HSC HOSPITALS TOTAL	121	493		542,528.30	1100.46	.156	4483.70	171.69
ACCOMMODATIONS	121	493		193,848.60	393.20	.156	1602.05	61.34
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	121	493		193,848.60	393.20	.156	1602.05	61.34
ANCILLARIES	121	0		348,679.70	.00	.000	2881.65	110.34
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	856	5,987		142,926.16	23.87	1.895	166.97	45.23
MEDICAL	112	134		5,142.17	38.37	.042	45.91	1.63
SURGERY	34	52		1,593.96	30.65	.016	46.88	.50
PATHOLOGY	439	1,503		21,276.63	14.16	.476	48.47	6.73
RADIOLOGY	148	166		12,250.79	73.80	.053	82.78	3.88
ROOM USE	568	982		32,124.53	32.71	.311	56.56	10.17
CROSSOVERS/ALL OTH OUTPTNT	528	3,150		70,538.08	22.39	.997	133.59	22.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$	142.97	\$	.001	\$	142.97
HOSPITAL BASED	1	2		142.97		.001		142.97
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	167	320	\$	5,594.66	\$	.101	\$	33.50
PATHOLOGY	167	320		5,594.66		.101		33.50
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	66	260	\$	18,804.85	\$	.082	\$	284.92
CLINIC	31	161		6,579.25		.051		212.23
SURGICENTER	3	28		696.79		.009		232.26
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	32	71		11,528.81		.022		360.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

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03/14/05

						----- MONTHLY AVERAGE -----		
3,160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	80	422	\$ 12,951.64	\$ 30.69	.134	\$ 161.90	\$ 4.10	
DURABLE MED. EQUIP.	2	2	268.15	134.08	.001	134.08	.08	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	14	299	4,866.41	16.28	.095	347.60	1.54	
AMBULANCES/AIR TRANS	14	298	3,066.41	10.29	.094	219.03	.97	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.57	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	55	55	5,775.00	105.00	.017	105.00	1.83	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.000	144.48	.05	
PROSTHETICS	1	1	144.48	144.48	.000	144.48	.05	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	5	41	1,744.97	42.56	.013	348.99	.55	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	4	24	152.63	6.36	.008	38.16	.05	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	16	91	\$	43,951.36	\$ 482.98	.029	\$ 2746.96	\$ 13.91
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 8,997

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	600	5,143	\$ 243,050.45	\$ 47.26	7.552	\$ 405.08	\$ 356.90
@PHYSICIANS SERVICES	118	342	\$ 4,659.77	\$ 13.63	.502	\$ 39.49	\$ 6.84
OUTPATIENT VISITS	1	1	.00	.00	.001	.00	.00
OFFICE VISITS	1	1	.00	.00	.001	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.001	8.01	.01
EXAMINATIONS	1	1	8.01	8.01	.001	8.01	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	.00	.00	.001	.00	.00
PRINCIPAL SURGEON	1	1	.00	.00	.001	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	2.26	1.13	.003	1.13	.00
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	115	336	4,640.93	13.81	.493	40.36	6.81
@PHARMACY	519	3,778	\$ 197,867.23	\$ 52.37	5.548	\$ 381.25	\$ 290.55
PRESCRIPTION DRUGS	516	2,233	195,692.14	87.64	3.279	379.25	287.36
SNF/ICF	6	37	1,212.85	32.78	.054	202.14	1.78
OUTPATIENTS	511	2,196	194,479.29	88.56	3.225	380.59	285.58
MEDICAL SUPPLIES	25	1,545	2,175.09	1.41	2.269	87.00	3.19
@DENTIST	20	57	\$ 1,908.00	\$ 33.47	.084	\$ 95.40	\$ 2.80
VISITS - DIAGNOSTIC	13	34	558.00	16.41	.050	42.92	.82
ORAL SURGERY	2	4	163.00	40.75	.006	81.50	.24
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	6	339.00	56.50	.009	67.80	.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	4	12	848.00	70.67	.018	212.00	1.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.001	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	15	\$ 364.64	\$ 24.31	.022	\$ 52.09	\$.54
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.003	47.45	.14
EYE APPLIANCES	5	11	192.83	17.53	.016	38.57	.28
OTHER OPTOMETRIC SERVICES	1	2	76.91	38.46	.003	76.91	.11
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	9	\$ 46.81	\$ 5.20	.013	\$ 5.20	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	9	46.81	5.20	.013	5.20	.07
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	94	306	\$ 18,010.93	\$ 58.86	.449	\$ 191.61	\$ 26.45
HOSP INPATIENT TOTAL	13	0	11,352.00	.00	.000	873.23	16.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	0	11,352.00	.00	.000	873.23	16.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	84	306	6,658.93	21.76	.449	79.27	9.78
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	39.05	9.76	.006	13.02	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	82	302	6,619.88	21.92	.443	80.73	9.72
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 8,999
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED						AID CODE 16
					----- MONTHLY AVERAGE -----		
681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	306	\$ 18,010.93	\$ 58.86	.449	\$ 191.61	\$ 26.45
COMM HOSP INPATIENT TOTAL	13	0	11,352.00	.00	.000	873.23	16.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	0	11,352.00	.00	.000	873.23	16.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	84	306	6,658.93	21.76	.449	79.27	9.78
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	39.05	9.76	.006	13.02	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	82	302	6,619.88	21.92	.443	80.73	9.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	98	\$ 13,758.16	\$ 140.39	.144	\$ 1375.82	\$ 20.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	98	13,758.16	140.39	.144	1375.82	20.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	6	\$ 71.71	\$ 11.95	.009	\$ 17.93	\$.11
PATHOLOGY	3	5	65.21	13.04	.007	21.74	.10
XO AND OTHERS	1	1	6.50	6.50	.001	6.50	.01

@ORGANIZED OUTPATIENT CLINIC	9	13	\$	2,223.94	\$	171.07	.019	\$	247.10	\$	3.27
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13		2,223.94		171.07	.019		247.10		3.27

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,000
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	70	519	\$ 4,139.26	\$ 7.98	.762	\$ 59.13	\$ 6.08
DURABLE MED. EQUIP.	3	3	1,779.56	593.19	.004	593.19	2.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	743.08	371.54	.003	371.54	1.09
MEDICAL TRANSPORTATION	1	60	107.21	1.79	.088	107.21	.16
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	60	107.21	1.79	.088	107.21	.16
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	39	497.86	12.77	.057	26.20	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	15.00	15.00	.001	15.00	.02
PROSTHETICS	1	1	15.00	15.00	.001	15.00	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	414	996.55	2.41	.608	22.15	1.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	218	1,092	\$ 26,055.61	\$ 23.86	1.604	\$ 119.52	\$ 38.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

PAGE 9,001
03/14/05

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	80	\$ 3,068.14	\$ 38.35	4.706	\$ 191.76	\$ 180.48
@PHYSICIANS SERVICES	3	7	\$ 111.11	\$ 15.87	.412	\$ 37.04	\$ 6.54
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	7	111.11	15.87	.412	37.04	6.54
@PHARMACY	14	48	\$ 1,952.85	\$ 40.68	2.824	\$ 139.49	\$ 114.87
PRESCRIPTION DRUGS	14	48	1,952.85	40.68	2.824	139.49	114.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	14	48	1,952.85	40.68	2.824	139.49	114.87
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,002
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A 03/14/05

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	9	\$ 57.30	\$ 6.37	.529	\$ 57.30	\$ 3.37
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	9	57.30	6.37	.529	57.30	3.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	9	57.30	6.37	.529	57.30	3.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,003
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		9	\$ 57.30	\$ 6.37	.529	\$ 57.30	\$ 3.37
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1		9	57.30	6.37	.529	57.30	3.37
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1		9	57.30	6.37	.529	57.30	3.37
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	864.00	\$	216.00	.235	\$	216.00	\$	50.82
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4		864.00		216.00	.235		216.00		50.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,004
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	12	\$	82.88	\$ 6.91	.706	\$ 13.81	\$ 4.88
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	12		82.88	6.91	.706	13.81	4.88
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	28	\$	251.29	\$ 8.97	1.647	\$ 35.90	\$ 14.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,005
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	286	2,523	\$	146,978.07	\$	58.26	8.061	\$	513.91	\$	469.58
@PHYSICIANS SERVICES	28	43	\$	630.06	\$	14.65	.137	\$	22.50	\$	2.01
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	28	43		630.06		14.65	.137		22.50		2.01
@PHARMACY	250	1,747	\$	104,965.02	\$	60.08	5.581	\$	419.86	\$	335.35
PRESCRIPTION DRUGS	247	972		101,797.35		104.73	3.105		412.14		325.23

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	247	972	101,797.35	104.73	3.105	412.14	325.23
MEDICAL SUPPLIES	31	775	3,167.67	4.09	2.476	102.18	10.12
@DENTIST	17	62	\$ 2,240.00	\$ 36.13	.198	\$ 131.76	\$ 7.16
VISITS - DIAGNOSTIC	13	38	725.00	19.08	.121	55.77	2.32
ORAL SURGERY	2	3	128.00	42.67	.010	64.00	.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.003	118.00	.38
ENDODONTICS	1	1	215.00	215.00	.003	215.00	.69
RESTORATIVE DENTISTRY	5	9	697.00	77.44	.029	139.40	2.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	10	357.00	35.70	.032	357.00	1.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,006
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	7	\$ 125.14	\$ 17.88	.022	\$ 41.71	\$.40
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.003	39.44	.13
EYE APPLIANCES	2	6	85.70	14.28	.019	42.85	.27
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 37.92	\$ 18.96	.006	\$ 18.96	\$.12
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	37.92	18.96	.006	18.96	.12
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	35	115	\$ 7,325.90	\$ 63.70	.367	\$ 209.31	\$ 23.41
HOSP INPATIENT TOTAL	7	0	5,863.88	.00	.000	837.70	18.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	0	5,863.88	.00	.000	837.70	18.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	115	1,462.02	12.71	.367	48.73	4.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.61	8.61	.003	8.61	.03

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.35	35.35	.003	35.35	.11
CROSSOVERS/ALL OTH OUTPTNT	29	113	1,418.06	12.55	.361	48.90	4.53
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,007
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	115	\$ 7,325.90	\$ 63.70	.367	\$ 209.31	\$ 23.41
COMM HOSP INPATIENT TOTAL	7	0	5,863.88	.00	.000	837.70	18.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	0	5,863.88	.00	.000	837.70	18.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	115	1,462.02	12.71	.367	48.73	4.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.61	8.61	.003	8.61	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.35	35.35	.003	35.35	.11
CROSSOVERS/ALL OTH OUTPTNT	29	113	1,418.06	12.55	.361	48.90	4.53
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ 2,151.27	\$.00	.000	\$.00	\$ 6.87

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	2,151.27	.00	.000	.00	6.87
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	16	\$ 2,526.79	\$ 157.92	.051	\$ 180.49	\$ 8.07
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	16	2,526.79	157.92	.051	180.49	8.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,008
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C 03/14/05

313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	49	531	\$ 26,975.97	\$ 50.80	1.696	\$ 550.53	\$ 86.19
DURABLE MED. EQUIP.	1	1	76.00	76.00	.003	76.00	.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	103	48.79	.47	.329	24.40	.16
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	103	48.79	.47	.329	24.40	.16
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	368	25,605.44	69.58	1.176	1066.89	81.81
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	47.00	7.83	.019	15.67	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	8	334.61	41.83	.026	167.31	1.07
PROSTHETICS	2	8	334.61	41.83	.026	167.31	1.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	7	320.96	45.85	.022	320.96	1.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	38	543.17	14.29	.121	31.95	1.74
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	82	1,057	\$ 10,164.16	\$ 9.62	3.377	\$ 123.95	\$ 32.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 9,010
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,011
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,012
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,013

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

1,011 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	902	7,746	\$ 393,096.66	\$ 50.75	7.662	\$ 435.81	\$ 388.82
@PHYSICIANS SERVICES	149	392	\$ 5,400.94	\$ 13.78	.388	\$ 36.25	\$ 5.34
OUTPATIENT VISITS	1	1	.00	.00	.001	.00	.00
OFFICE VISITS	1	1	.00	.00	.001	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.001	8.01	.01
EXAMINATIONS	1	1	8.01	8.01	.001	8.01	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	.00	.00	.001	.00	.00
PRINCIPAL SURGEON	1	1	.00	.00	.001	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	2.26	1.13	.002	1.13	.00
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	146	386	5,382.10	13.94	.382	36.86	5.32
@PHARMACY	783	5,573	\$ 304,785.10	\$ 54.69	5.512	\$ 389.25	\$ 301.47
PRESCRIPTION DRUGS	777	3,253	299,442.34	92.05	3.218	385.38	296.18
SNF/ICF	6	37	1,212.85	32.78	.037	202.14	1.20
OUTPATIENTS	772	3,216	298,229.49	92.73	3.181	386.31	294.98
MEDICAL SUPPLIES	56	2,320	5,342.76	2.30	2.295	95.41	5.28
@DENTIST	37	119	\$ 4,148.00	\$ 34.86	.118	\$ 112.11	\$ 4.10
VISITS - DIAGNOSTIC	26	72	1,283.00	17.82	.071	49.35	1.27
ORAL SURGERY	4	7	291.00	41.57	.007	72.75	.29
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.12
ENDODONTICS	1	1	215.00	215.00	.001	215.00	.21
RESTORATIVE DENTISTRY	10	15	1,036.00	69.07	.015	103.60	1.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	5	22	1,205.00	54.77	.022	241.00	1.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,014
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,011 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	22	\$	489.78	\$ 22.26	.022	\$ 48.98	\$.48
DIAGNOSTIC AND ANC. PROCED	3	3		134.34	44.78	.003	44.78	.13
EYE APPLIANCES	7	17		278.53	16.38	.017	39.79	.28
OTHER OPTOMETRIC SERVICES	1	2		76.91	38.46	.002	76.91	.08
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	11	11	\$	84.73	\$ 7.70	.011	\$ 7.70	\$.08
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	11	11		84.73	7.70	.011	7.70	.08
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	130	430	\$	25,394.13	\$ 59.06	.425	\$ 195.34	\$ 25.12
HOSP INPATIENT TOTAL	20	0		17,215.88	.00	.000	860.79	17.03
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	0		17,215.88	.00	.000	860.79	17.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	115	430		8,178.25	19.02	.425	71.12	8.09
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	5		47.66	9.53	.005	11.92	.05
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		35.35	35.35	.001	35.35	.03
CROSSOVERS/ALL OTH OUTPTNT	112	424		8,095.24	19.09	.419	72.28	8.01
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,015
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,011 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	130		430	\$ 25,394.13	\$ 59.06	.425	\$ 195.34	\$ 25.12
COMM HOSP INPATIENT TOTAL	20		0	17,215.88	.00	.000	860.79	17.03
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20		0	17,215.88	.00	.000	860.79	17.03
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	115		430	8,178.25	19.02	.425	71.12	8.09
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	4		5	47.66	9.53	.005	11.92	.05
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	1		1	35.35	35.35	.001	35.35	.03

CROSSOVERS/ALL OTH OUTPTNT	112	424		8,095.24	19.09	.419	72.28	8.01
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	98	\$	13,758.16	140.39	.097	1375.82	13.61
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	98		13,758.16	140.39	.097	1375.82	13.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	2,151.27	.00	.000	.00	2.13
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		2,151.27	.00	.000	.00	2.13
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	6	\$	71.71	11.95	.006	17.93	.07
PATHOLOGY	3	5		65.21	13.04	.005	21.74	.06
XO AND OTHERS	1	1		6.50	6.50	.001	6.50	.01
@ORGANIZED OUTPATIENT CLINIC	27	33	\$	5,614.73	170.14	.033	207.95	5.55
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	27	33		5,614.73	170.14	.033	207.95	5.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,016
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

1,011 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	125	1,062	\$ 31,198.11	\$ 29.38	1.050	\$ 249.58	\$ 30.86
DURABLE MED. EQUIP.	4	4	1,855.56	463.89	.004	463.89	1.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	743.08	371.54	.002	371.54	.73
MEDICAL TRANSPORTATION	3	163	156.00	.96	.161	52.00	.15
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	60	107.21	1.79	.059	107.21	.11
OTHER SERVICES	2	103	48.79	.47	.102	24.40	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	368	25,605.44	69.58	.364	1066.89	25.33
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	45	544.86	12.11	.045	24.77	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	9	349.61	38.85	.009	116.54	.35
PROSTHETICS	3	9	349.61	38.85	.009	116.54	.35
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	7	320.96	45.85	.007	320.96	.32

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	68	464	1,622.60	3.50	.459	23.86	1.60
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	307	2,177	\$ 36,471.06	\$ 16.75	2.153	\$ 118.80	\$ 36.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,017

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	565	12,692	\$ 308,547.20	\$ 24.31	21.475	\$ 546.10	\$ 522.08
@PHYSICIANS SERVICES	62	134	\$ 1,876.79	\$ 14.01	.227	\$ 30.27	\$ 3.18
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.46	6.46	.002	6.46	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	61	133	1,870.33	14.06	.225	30.66	3.16
@PHARMACY	448	8,475	\$ 156,969.22	\$ 18.52	14.340	\$ 350.38	\$ 265.60
PRESCRIPTION DRUGS	438	1,976	152,012.95	76.93	3.343	347.06	257.21
SNF/ICF	11	92	4,173.34	45.36	.156	379.39	7.06
OUTPATIENTS	430	1,884	147,839.61	78.47	3.188	343.81	250.15
MEDICAL SUPPLIES	50	6,499	4,956.27	.76	10.997	99.13	8.39
@DENTIST	20	101	\$ 4,101.00	\$ 40.60	.171	\$ 205.05	\$ 6.94
VISITS - DIAGNOSTIC	10	35	544.00	15.54	.059	54.40	.92
ORAL SURGERY	8	22	1,107.00	50.32	.037	138.38	1.87

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.002	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.36
RESTORATIVE DENTISTRY	7	19	1,048.00	55.16	.032	149.71	1.77
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	23	1,187.00	51.61	.039	395.67	2.01
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,018
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.005	\$ 53.11	\$.09
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.005	53.11	.09
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	6	\$ 23.90	\$ 3.98	.010	\$ 2.99	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	6	23.90	3.98	.010	2.99	.04
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	2	\$ 48.00	\$ 24.00	.003	\$ 24.00	\$.08
@TOTAL HOSPITAL	42	202	\$ 10,510.04	\$ 52.03	.342	\$ 250.24	\$ 17.78
HOSP INPATIENT TOTAL	10	0	7,088.71	.00	.000	708.87	11.99
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	0	7,088.71	.00	.000	708.87	11.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	202	3,421.33	16.94	.342	97.75	5.79
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	202	3,421.33	16.94	.342	97.75	5.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,019
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	202	\$ 10,510.04	\$ 52.03	.342	\$ 250.24	\$ 17.78
COMM HOSP INPATIENT TOTAL	10	0	7,088.71	.00	.000	708.87	11.99
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	0	7,088.71	.00	.000	708.87	11.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	202	3,421.33	16.94	.342	97.75	5.79
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	202	3,421.33	16.94	.342	97.75	5.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	346	\$ 60,015.24	\$ 173.45	.585	\$ 2857.87	\$ 101.55
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21	346	60,015.24	173.45	.585	2857.87	101.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	4.30	\$	1.08	.007	\$	2.15	\$	.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	4		4.30		1.08	.007		2.15		.01
@ORGANIZED OUTPATIENT CLINIC	16	33	\$	2,268.72	\$	68.75	.056	\$	141.80	\$	3.84
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		410.12		205.06	.003		410.12		.69
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	31		1,858.60		59.95	.052		123.91		3.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 9,020
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	155	3,386	\$ 72,676.88	\$ 21.46	5.729	\$ 468.88	\$ 122.97
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.002	25.00	.04
MEDICAL TRANSPORTATION	3	14	93.93	6.71	.024	31.31	.16
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	6	66.22	11.04	.010	33.11	.11
OTHER SERVICES	1	8	27.71	3.46	.014	27.71	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	75	938	65,266.04	69.58	1.587	870.21	110.43
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	14	636.02	45.43	.024	212.01	1.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	118.72	9.89	.020	19.79	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	1	2	1.72	.86	.003	1.72	.00
PROSTHETIST/ORTHOTISTS	1	2	39.03	19.52	.003	39.03	.07
PROSTHETICS	1	2	39.03	19.52	.003	39.03	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	23	2,613.26	113.62	.039	1306.63	4.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	2,380	3,883.16	1.63	4.027	51.09	6.57
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	172	2,781	27,288.51	9.81	4.706	158.65	46.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,021
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	60	565	\$ 70,549.76	\$ 124.87	8.692	\$ 1175.83	\$ 1085.38
@PHYSICIANS SERVICES	30	168	\$ 1,570.78	\$ 9.35	2.585	\$ 52.36	\$ 24.17
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	30	168	1,570.78	9.35	2.585	52.36	24.17
@PHARMACY	50	308	\$ 47,739.46	\$ 155.00	4.738	\$ 954.79	\$ 734.45
PRESCRIPTION DRUGS	50	302	47,521.08	157.35	4.646	950.42	731.09

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	50	302	47,521.08	157.35	4.646	950.42	731.09
MEDICAL SUPPLIES	4	6	218.38	36.40	.092	54.60	3.36
@DENTIST	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,022
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	6	\$ 82.67	\$ 13.78	.092	\$ 20.67	\$ 1.27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	6	82.67	13.78	.092	20.67	1.27
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	18	\$ 40.93	\$ 2.27	.277	\$ 40.93	\$.63
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10	7	\$ 7,504.87	\$ 1072.12	.108	\$ 750.49	\$ 115.46
HOSP INPATIENT TOTAL	3	0	7,227.00	.00	.000	2409.00	111.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	7,227.00	.00	.000	2409.00	111.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	7	277.87	39.70	.108	39.70	4.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	7	277.87	39.70	.108	39.70	4.27
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,023
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	7	\$ 7,504.87	\$ 1072.12	.108	\$ 750.49	\$ 115.46
COMM HOSP INPATIENT TOTAL	3	0	7,227.00	.00	.000	2409.00	111.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	7,227.00	.00	.000	2409.00	111.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	7	277.87	39.70	.108	39.70	4.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	7	277.87	39.70	.108	39.70	4.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	4	\$ 1,772.20	\$ 443.05	.062	\$ 886.10	\$ 27.26
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	4	1,772.20	443.05	.062	886.10	27.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	26	\$ 10,369.34	\$ 398.82	.400	\$ 609.96	\$ 159.53
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	17	26	10,369.34	398.82	.400	609.96	159.53
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	5	\$ 1,080.00	\$ 216.00	.077	\$ 216.00	\$ 16.62
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	5	1,080.00	216.00	.077	216.00	16.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
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NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						
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65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	23	\$ 389.51	\$ 16.94	.354	\$ 38.95	\$ 5.99
DURABLE MED. EQUIP.	1	1	98.79	98.79	.015	98.79	1.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	18.95	9.48	.031	18.95	.29
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	2	18.95	9.48	.031	18.95	.29
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	99.32	99.32	.015	99.32	1.53
PROSTHETICS	1	1	99.32	99.32	.015	99.32	1.53
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	19	172.45	9.08	.292	19.16	2.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	37	248	\$ 21,085.86	\$ 85.02	3.815	\$ 569.89	\$ 324.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

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						----- MONTHLY AVERAGE -----		
364 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	323	35,174	\$ 398,988.36	\$ 11.34	96.632	\$ 1235.26	\$ 1096.12	
@PHYSICIANS SERVICES	61	221	\$ 6,073.21	\$ 27.48	.607	\$ 99.56	\$ 16.68	
OUTPATIENT VISITS	13	18	705.20	39.18	.049	54.25	1.94	
OFFICE VISITS	7	12	408.43	34.04	.033	58.35	1.12	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	4	4	181.30	45.33	.011	45.33	.50	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	2	2	115.47	57.74	.005	57.74	.32	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	2	77.56	38.78	.005	38.78	.21	
EXAMINATIONS	2	2	77.56	38.78	.005	38.78	.21	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	2	8.56	4.28	.005	4.28	.02	

RADIOLOGY	4	4	102.15	25.54	.011	25.54	.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	49	195	5,179.74	26.56	.536	105.71	14.23
@PHARMACY	280	25,596	\$ 202,948.01	\$ 7.93	70.319	\$ 724.81	\$ 557.55
PRESCRIPTION DRUGS	274	1,866	197,130.81	105.64	5.126	719.46	541.57
SNF/ICF	2	14	561.61	40.12	.038	280.81	1.54
OUTPATIENTS	272	1,852	196,569.20	106.14	5.088	722.68	540.03
MEDICAL SUPPLIES	41	23,730	5,817.20	.25	65.192	141.88	15.98
@DENTIST	17	94	\$ 4,787.00	\$ 50.93	.258	\$ 281.59	\$ 13.15
VISITS - DIAGNOSTIC	11	42	469.00	11.17	.115	42.64	1.29
ORAL SURGERY	2	27	1,830.00	67.78	.074	915.00	5.03
DRUGS	1	1	25.00	25.00	.003	25.00	.07
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.003	118.00	.32
ENDODONTICS	1	1	330.00	330.00	.003	330.00	.91
RESTORATIVE DENTISTRY	7	15	873.00	58.20	.041	124.71	2.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	7	1,142.00	163.14	.019	571.00	3.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,026
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68

364 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	6	18	\$	334.54	\$ 18.59	.049	\$ 55.76	\$.92
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.003	47.45	.13
EYE APPLIANCES	6	17		287.09	16.89	.047	47.85	.79
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	34.22	\$ 34.22	.003	\$ 34.22	\$.09
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	53	393	\$	12,958.88	\$ 32.97	1.080	\$ 244.51	\$ 35.60
HOSP INPATIENT TOTAL	7	4		6,643.74	1660.94	.011	949.11	18.25
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	4		1,521.05	380.26	.011	1521.05	4.18
ACCOMMODATIONS	1	4		8,127.36	2031.84	.011	8127.36	22.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		8,127.36	2031.84	.011	8127.36	22.33
ANCILLARIES	1	0		6,606.31CR	.00	.000	6606.31CR	18.15CR

INPATIENT CROSSOVERS	6	0	5,122.69	.00	.000	853.78	14.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	47	389	6,315.14	16.23	1.069	134.36	17.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	72	738.30	10.25	.198	73.83	2.03
RADIOLOGY	2	2	59.77	29.89	.005	29.89	.16
ROOM USE	6	6	201.55	33.59	.016	33.59	.55
CROSSOVERS/ALL OTH OUTPTNT	38	309	5,315.52	17.20	.849	139.88	14.60
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,027
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

364 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	393	\$ 12,958.88	\$ 32.97	1.080	\$ 244.51	\$ 35.60
COMM HOSP INPATIENT TOTAL	7	4	6,643.74	1660.94	.011	949.11	18.25
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	1,521.05	380.26	.011	1521.05	4.18
ACCOMMODATIONS	1	4	8,127.36	2031.84	.011	8127.36	22.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	8,127.36	2031.84	.011	8127.36	22.33
ANCILLARIES	1	0	6,606.31CR	.00	.000	6606.31CR	18.15CR
INPATIENT CROSSOVERS	6	0	5,122.69	.00	.000	853.78	14.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	47	389	6,315.14	16.23	1.069	134.36	17.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	72	738.30	10.25	.198	73.83	2.03
RADIOLOGY	2	2	59.77	29.89	.005	29.89	.16
ROOM USE	6	6	201.55	33.59	.016	33.59	.55
CROSSOVERS/ALL OTH OUTPTNT	38	309	5,315.52	17.20	.849	139.88	14.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	6	\$	2,868.15	\$ 478.03	.016	\$ 956.05	\$ 7.88
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	6		2,868.15	478.03	.016	956.05	7.88
@REHABILITATION FACILITY	1	17	\$	274.25	\$ 16.13	.047	\$ 274.25	\$.75
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	17		274.25	16.13	.047	274.25	.75
@LABORATORY FACILITY	1	3	\$	38.85	\$ 12.95	.008	\$ 38.85	\$.11
PATHOLOGY	1	3		38.85	12.95	.008	38.85	.11
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	18	\$	2,950.37	\$ 163.91	.049	\$ 226.95	\$ 8.11
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	18		2,950.37	163.91	.049	226.95	8.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,028
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

364 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	77	8,807	\$ 165,720.88	\$ 18.82	24.195 \$ 2152.22 \$ 455.28
DURABLE MED. EQUIP.	3	6	3,977.50	662.92	.016 1325.83 10.93
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	2	23	185.26	8.05	.063 92.63 .51
AMBULANCES/AIR TRANS	2	23	185.26	8.05	.063 92.63 .51
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	20	6,787	158,356.88	23.33	18.646 7917.84 435.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	10	22	240.92	10.95	.060 24.09 .66
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	2	34	3,115.24	91.62	.093 1557.62 8.56
PROSTHETICS	2	34	3,115.24	91.62	.093 1557.62 8.56
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	48.06	.00	.000 .00 .13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	9	263	1,576.96	6.00	.723 175.22 4.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	34	1,672		1,779.94CR	1.06CR	4.593		52.35CR	4.89CR
@CALIF. CHILDREN SERVICES*	16	640	\$	11,148.86	\$	17.42	\$	696.80	\$ 30.63
@XOVER EXCLUDING STATE HOSP**	106	6,039	\$	15,660.02	\$	2.59	\$	147.74	\$ 43.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	948	48,431	\$ 778,085.32	\$ 16.07	47.481	\$ 820.77	\$ 762.83
@PHYSICIANS SERVICES	153	523	\$ 9,520.78	\$ 18.20	.513	\$ 62.23	\$ 9.33
OUTPATIENT VISITS	13	18	705.20	39.18	.018	54.25	.69
OFFICE VISITS	7	12	408.43	34.04	.012	58.35	.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	181.30	45.33	.004	45.33	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	115.47	57.74	.002	57.74	.11
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	77.56	38.78	.002	38.78	.08
EXAMINATIONS	2	2	77.56	38.78	.002	38.78	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	15.02	5.01	.003	5.01	.01
RADIOLOGY	4	4	102.15	25.54	.004	25.54	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	140	496	8,620.85	17.38	.486	61.58	8.45
@PHARMACY	778	34,379	\$ 407,656.69	\$ 11.86	33.705	\$ 523.98	\$ 399.66
PRESCRIPTION DRUGS	762	4,144	396,664.84	95.72	4.063	520.56	388.89
SNF/ICF	13	106	4,734.95	44.67	.104	364.23	4.64
OUTPATIENTS	752	4,038	391,929.89	97.06	3.959	521.18	384.24
MEDICAL SUPPLIES	95	30,235	10,991.85	.36	29.642	115.70	10.78
@DENTIST	37	195	\$ 8,888.00	\$ 45.58	.191	\$ 240.22	\$ 8.71
VISITS - DIAGNOSTIC	21	77	1,013.00	13.16	.075	48.24	.99
ORAL SURGERY	10	49	2,937.00	59.94	.048	293.70	2.88
DRUGS	1	1	25.00	25.00	.001	25.00	.02
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	118.00	59.00	.002	59.00	.12
ENDODONTICS	2	2	545.00	272.50	.002	272.50	.53
RESTORATIVE DENTISTRY	14	34	1,921.00	56.50	.033	137.21	1.88
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	5	30	2,329.00	77.63	.029	465.80	2.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,030
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	21	\$	387.65	\$ 18.46	.021	\$ 55.38	\$.38
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.001	47.45	.05
EYE APPLIANCES	7	20		340.20	17.01	.020	48.60	.33
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	12	12	\$	106.57	\$ 8.88	.012	\$ 8.88	\$.10
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	12	12		106.57	8.88	.012	8.88	.10
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	18	\$	40.93	\$ 2.27	.018	\$ 40.93	\$.04
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	34.22	\$ 34.22	.001	\$ 34.22	\$.03
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$ 24.00	.002	\$ 24.00	\$.05
@TOTAL HOSPITAL	105	602	\$	30,973.79	\$ 51.45	.590	\$ 294.99	\$ 30.37
HOSP INPATIENT TOTAL	20	4		20,959.45	5239.86	.004	1047.97	20.55
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	1	4	1,521.05	380.26	.004	1521.05	1.49
ACCOMMODATIONS	1	4	8,127.36	2031.84	.004	8127.36	7.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	8,127.36	2031.84	.004	8127.36	7.97
ANCILLARIES	1	0	6,606.31CR	.00	.000	6606.31CR	6.48CR
INPATIENT CROSSOVERS	19	0	19,438.40	.00	.000	1023.07	19.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	89	598	10,014.34	16.75	.586	112.52	9.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	72	738.30	10.25	.071	73.83	.72
RADIOLOGY	2	2	59.77	29.89	.002	29.89	.06
ROOM USE	6	6	201.55	33.59	.006	33.59	.20
CROSSOVERS/ALL OTH OUTPTNT	80	518	9,014.72	17.40	.508	112.68	8.84
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,031
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	602	\$ 30,973.79	\$ 51.45	.590 \$ 294.99 \$ 30.37
COMM HOSP INPATIENT TOTAL	20	4	20,959.45	5239.86	.004 1047.97 20.55
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	1	4	1,521.05	380.26	.004 1521.05 1.49
ACCOMMODATIONS	1	4	8,127.36	2031.84	.004 8127.36 7.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	1	4	8,127.36	2031.84	.004 8127.36 7.97
ANCILLARIES	1	0	6,606.31CR	.00	.000 6606.31CR 6.48CR
INPATIENT CROSSOVERS	19	0	19,438.40	.00	.000 1023.07 19.06
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	89	598	10,014.34	16.75	.586 112.52 9.82
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	10	72	738.30	10.25	.071 73.83 .72
RADIOLOGY	2	2	59.77	29.89	.002 29.89 .06
ROOM USE	6	6	201.55	33.59	.006 33.59 .20

CROSSOVERS/ALL OTH OUTPTNT	80	518		9,014.72	17.40	.508	112.68	8.84
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	23	350	\$	61,787.44	176.54	.343	2686.41	60.58
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	23	350		61,787.44	176.54	.343	2686.41	60.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	20	32	\$	13,237.49	413.67	.031	661.87	12.98
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20	32		13,237.49	413.67	.031	661.87	12.98
@REHABILITATION FACILITY	1	17	\$	274.25	16.13	.017	274.25	.27
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	17		274.25	16.13	.017	274.25	.27
@LABORATORY FACILITY	3	7	\$	43.15	6.16	.007	14.38	.04
PATHOLOGY	1	3		38.85	12.95	.003	38.85	.04
XO AND OTHERS	2	4		4.30	1.08	.004	2.15	.00
@ORGANIZED OUTPATIENT CLINIC	34	56	\$	6,299.09	112.48	.055	185.27	6.18
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	2		410.12	205.06	.002	410.12	.40
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	33	54		5,888.97	109.06	.053	178.45	5.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,032
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	242		12,216	\$ 238,787.27	\$ 19.55	11.976	\$ 986.72	\$ 234.11
DURABLE MED. EQUIP.	4		7	4,076.29	582.33	.007	1019.07	4.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1		1	25.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	6		39	298.14	7.64	.038	49.69	.29
AMBULANCES/AIR TRANS	2		23	185.26	8.05	.023	92.63	.18
OTHER TRANS	3		8	85.17	10.65	.008	28.39	.08
OTHER SERVICES	1		8	27.71	3.46	.008	27.71	.03
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	75		938	65,266.04	69.58	.920	870.21	63.99
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	23		6,801	158,992.90	23.38	6.668	6912.73	155.88
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	16		34	359.64	10.58	.033	22.48	.35
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1		2	1.72	.86	.002	1.72	.00
PROSTHETIST/ORTHOTISTS	4		37	3,253.59	87.93	.036	813.40	3.19
PROSTHETICS	4		37	3,253.59	87.93	.036	813.40	3.19
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00

HOSPICE SERVICES	2	23		2,661.32	115.71	.023	1330.66	2.61
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	263		1,576.96	6.00	.258	175.22	1.55
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	119	4,071		2,275.67	.56	3.991	19.12	2.23
@CALIF. CHILDREN SERVICES*	16	640	\$	11,148.86	\$ 17.42	.627	\$ 696.80	\$ 10.93
@XOVER EXCLUDING STATE HOSP**	315	9,068	\$	64,034.39	\$ 7.06	8.890	\$ 203.28	\$ 62.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,033
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

3,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,184	64,874	\$ 1,526,908.33	\$ 23.54	16.656	\$ 479.56	\$ 392.02
@PHYSICIANS SERVICES	591	1,793	\$ 25,503.97	\$ 14.22	.460	\$ 43.15	\$ 6.55
OUTPATIENT VISITS	4	6	170.58	28.43	.002	42.65	.04
OFFICE VISITS	3	4	101.60	25.40	.001	33.87	.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.001	34.49	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.000	8.01	.00
EXAMINATIONS	1	1	8.01	8.01	.000	8.01	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	52	314.48	6.05	.013	78.62	.08
PRINCIPAL SURGEON	2	2	78.56	39.28	.001	39.28	.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	50	235.92	4.72	.013	117.96	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	28.32	7.08	.001	7.08	.01
RADIOLOGY	3	3	35.50	11.83	.001	11.83	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	580	1,727	24,947.08	14.45	.443	43.01	6.40
@PHARMACY	2,679	54,054	\$ 882,770.92	\$ 16.33	13.878	\$ 329.52	\$ 226.64
PRESCRIPTION DRUGS	2,659	11,397	864,289.85	75.83	2.926	325.04	221.90
SNF/ICF	79	556	31,407.61	56.49	.143	397.56	8.06
OUTPATIENTS	2,591	10,841	832,882.24	76.83	2.783	321.45	213.83
MEDICAL SUPPLIES	187	42,657	18,481.07	.43	10.952	98.83	4.74
@DENTIST	106	343	\$ 14,272.50	\$ 41.61	.088	\$ 134.65	\$ 3.66
VISITS - DIAGNOSTIC	67	185	2,994.00	16.18	.047	44.69	.77
ORAL SURGERY	18	42	2,116.00	50.38	.011	117.56	.54

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	88.50	44.25	.001	44.25	.02
ENDODONTICS	4	3	875.00	291.67	.001	218.75	.22
RESTORATIVE DENTISTRY	29	62	3,244.00	52.32	.016	111.86	.83
PROSTHETICS	0	1	30.00	30.00	.000	.00	.01
DENTURES, STAYPLATES	15	46	4,925.00	107.07	.012	328.33	1.26
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,034
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	3,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	56	148	\$	3,017.04	\$ 20.39	.038	\$ 53.88	\$.77
DIAGNOSTIC AND ANC. PROCED	8	8		341.14	42.64	.002	42.64	.09
EYE APPLIANCES	41	118		1,940.40	16.44	.030	47.33	.50
OTHER OPTOMETRIC SERVICES	13	22		735.50	33.43	.006	56.58	.19
@CHIROPRACTOR	3	3	\$	45.17	\$ 15.06	.001	\$ 15.06	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		45.17	15.06	.001	15.06	.01
@PODIATRIST	64	87	\$	824.20	\$ 9.47	.022	\$ 12.88	\$.21
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	64	87		824.20	9.47	.022	12.88	.21
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$ 24.00	.001	\$ 24.00	\$.01
@TOTAL HOSPITAL	378	1,419	\$	170,927.92	\$ 120.46	.364	\$ 452.19	\$ 43.88
HOSP INPATIENT TOTAL	78	41		145,632.92	3552.02	.011	1867.09	37.39
HSC HOSPITALS	1	7		.00	.00	.002	.00	.00
NON-HSC HOSPITAL TOTAL	9	34		89,802.66	2641.25	.009	9978.07	23.06
ACCOMMODATIONS	9	34		13,900.63	408.84	.009	1544.51	3.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	34		13,900.63	408.84	.009	1544.51	3.57
ANCILLARIES	8	0		75,902.03	.00	.000	9487.75	19.49
INPATIENT CROSSOVERS	68	0		55,830.26	.00	.000	821.03	14.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	315	1,378		25,295.00	18.36	.354	80.30	6.49
MEDICAL	1	1		10.96	10.96	.000	10.96	.00
SURGERY	2	2		191.93	95.97	.001	95.97	.05
PATHOLOGY	4	6		46.79	7.80	.002	11.70	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	5	7		339.38	48.48	.002	67.88	.09
CROSSOVERS/ALL OTH OUTPTNT	309	1,362		24,705.94	18.14	.350	79.95	6.34
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,035
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
3,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	378	1,419 \$	170,927.92	\$ 120.46	.364	\$ 452.19	\$ 43.88	
COMM HOSP INPATIENT TOTAL	78	41	145,632.92	3552.02	.011	1867.09	37.39	
HSC HOSPITALS	1	7	.00	.00	.002	.00	.00	
NON-HSC HOSPITALS TOTAL	9	34	89,802.66	2641.25	.009	9978.07	23.06	
ACCOMMODATIONS	9	34	13,900.63	408.84	.009	1544.51	3.57	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	9	34	13,900.63	408.84	.009	1544.51	3.57	
ANCILLARIES	8	0	75,902.03	.00	.000	9487.75	19.49	
INPATIENT CROSSOVERS	68	0	55,830.26	.00	.000	821.03	14.33	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	315	1,378		25,295.00	18.36	.354	80.30	6.49
MEDICAL	1	1		10.96	10.96	.000	10.96	.00
SURGERY	2	2		191.93	95.97	.001	95.97	.05
PATHOLOGY	4	6		46.79	7.80	.002	11.70	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	5	7		339.38	48.48	.002	67.88	.09
CROSSOVERS/ALL OTH OUTPTNT	309	1,362		24,705.94	18.14	.350	79.95	6.34
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	103	1,982	\$	292,139.66	\$ 147.40	.509	\$ 2836.31	\$ 75.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	103	1,982		292,139.66	147.40	.509	2836.31	75.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	13	\$	6,470.98	\$ 497.77	.003	\$ 647.10	\$ 1.66
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	13		6,470.98	497.77	.003	647.10	1.66
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	21	\$	158.46	\$ 7.55	.005	\$ 15.85	\$.04
PATHOLOGY	6	13		147.21	11.32	.003	24.54	.04
XO AND OTHERS	4	8		11.25	1.41	.002	2.81	.00
@ORGANIZED OUTPATIENT CLINIC	100	170	\$	21,548.93	\$ 126.76	.044	\$ 215.49	\$ 5.53
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	4		533.82	133.46	.001	266.91	.14
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	98	166		21,015.11	126.60	.043	214.44	5.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,036
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	3,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	513	4,839	\$	109,180.58	\$ 22.56	1.242	\$ 212.83	\$ 28.03
DURABLE MED. EQUIP.	5	5		1,918.29	383.66	.001	383.66	.49
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	14		3,608.40	257.74	.004	257.74	.93
MEDICAL TRANSPORTATION	4	74		201.14	2.72	.019	50.29	.05
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	3	66		173.43	2.63	.017	57.81	.04
OTHER SERVICES	1	8		27.71	3.46	.002	27.71	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	95	1,196		83,216.67	69.58	.307	875.96	21.36
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	14		636.02	45.43	.004	212.01	.16
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	77	175		1,978.06	11.30	.045	25.69	.51
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	10	19	17.48	.92	.005	1.75	.00
PROSTHETIST/ORTHOTISTS	6	12	129.12	10.76	.003	21.52	.03
PROSTHETICS	6	12	129.12	10.76	.003	21.52	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	45.30	22.65	.001	22.65	.01
HOSPICE SERVICES	5	51	5,794.62	113.62	.013	1158.92	1.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	313	3,277	11,635.48	3.55	.841	37.17	2.99
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,176	6,677	168,598.91	25.25	1.714	143.37	43.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,037
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

687 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	580	46,856	\$ 638,942.76	\$ 13.64	68.204	\$ 1101.63	\$ 930.05
@PHYSICIANS SERVICES	210	931	\$ 33,661.02	\$ 36.16	1.355	\$ 160.29	\$ 49.00
OUTPATIENT VISITS	84	118	5,103.87	43.25	.172	60.76	7.43
OFFICE VISITS	55	71	2,418.94	34.07	.103	43.98	3.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	42	2,501.57	59.56	.061	65.83	3.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	183.36	36.67	.007	36.67	.27
INPATIENT VISITS	11	137	12,851.89	93.81	.199	1168.35	18.71
HOSPITAL VISITS	11	95	4,053.63	42.67	.138	368.51	5.90
CRITICAL CARE	5	34	8,491.56	249.75	.049	1698.31	12.36
SNF/ICF/TRANS IP CARE	1	8	306.70	38.34	.012	306.70	.45
OPHTHALMOLOGICAL SERVICES	2	2	96.61	48.31	.003	48.31	.14
EXAMINATIONS	2	2	96.61	48.31	.003	48.31	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	31	1,792.85	57.83	.045	224.11	2.61
PRINCIPAL SURGEON	7	7	1,276.72	182.39	.010	182.39	1.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	24	516.13	21.51	.035	258.07	.75
OUTPATIENT SURGERY	19	57	2,756.03	48.35	.083	145.05	4.01
PRINCIPAL SURGEON	16	16	1,713.41	107.09	.023	107.09	2.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	41	1,042.62	25.43	.060	260.66	1.52
DIALYSIS	10	15	3,160.56	210.70	.022	316.06	4.60
PATHOLOGY	11	44	579.27	13.17	.064	52.66	.84
RADIOLOGY	34	119	2,419.77	20.33	.173	71.17	3.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	120	408	4,900.17	12.01	.594	40.83	7.13
@PHARMACY	448	21,217	\$ 214,060.88	\$ 10.09	30.884	\$ 477.81	\$ 311.59
PRESCRIPTION DRUGS	438	1,877	207,029.12	110.30	2.732	472.67	301.35

SNF/ICF	4	27		1,584.59	58.69	.039	396.15	2.31
OUTPATIENTS	434	1,850		205,444.53	111.05	2.693	473.37	299.05
MEDICAL SUPPLIES	65	19,340		7,031.76	.36	28.151	108.18	10.24
@DENTIST	30	116	\$	2,697.00	\$ 23.25	.169	\$ 89.90	\$ 3.93
VISITS - DIAGNOSTIC	26	73		1,474.00	20.19	.106	56.69	2.15
ORAL SURGERY	5	7		388.00	55.43	.010	77.60	.56
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		71.00	71.00	.001	71.00	.10
RESTORATIVE DENTISTRY	6	21		764.00	36.38	.031	127.33	1.11
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	14		.00	.00	.020	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,038
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

687 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	9	\$ 717.49	\$ 79.72	.013	\$ 179.37	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.07
EYE APPLIANCES	2	4	432.85	108.21	.006	216.43	.63
OTHER OPTOMETRIC SERVICES	3	4	237.19	59.30	.006	79.06	.35
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	13	\$ 178.27	\$ 13.71	.019	\$ 17.83	\$.26
MEDICINE/INJECTIONS	1	1	62.41	62.41	.001	62.41	.09
SURGERY/ANES.	1	1	15.00	15.00	.001	15.00	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	11	100.86	9.17	.016	11.21	.15
@HOME HEALTH AGENCY	11	1,213	\$ 36,680.89	\$ 30.24	1.766	\$ 3334.63	\$ 53.39
NURSE ANESTHESIST	2	29	\$ 70.81	\$ 2.44	.042	\$ 35.41	\$.10
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	145	687	\$ 177,720.41	\$ 258.69	1.000	\$ 1225.66	\$ 258.69
HOSP INPATIENT TOTAL	18	94	155,551.11	1654.80	.137	8641.73	226.42
HSC HOSPITALS	6	48	64,917.00	1352.44	.070	10819.50	94.49
NON-HSC HOSPITAL TOTAL	2	46	77,347.11	1681.46	.067	38673.56	112.59
ACCOMMODATIONS	2	46	16,069.10	349.33	.067	8034.55	23.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	16,069.10	349.33	.067	8034.55	23.39
ANCILLARIES	2	0	61,278.01	.00	.000	30639.01	89.20
INPATIENT CROSSOVERS	10	0	13,287.00	.00	.000	1328.70	19.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	134	593	22,169.30	37.38	.863	165.44	32.27
MEDICAL	20	25	863.74	34.55	.036	43.19	1.26
SURGERY	11	11	287.89	26.17	.016	26.17	.42
PATHOLOGY	41	142	1,593.50	11.22	.207	38.87	2.32

RADIOLOGY	34	41	11,049.14	269.49	.060	324.97	16.08
ROOM USE	51	67	2,679.22	39.99	.098	52.53	3.90
CROSSOVERS/ALL OTH OUTPTNT	77	307	5,695.81	18.55	.447	73.97	8.29
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,039
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

687 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	145	687	\$ 177,720.41	\$ 258.69	1.000	\$ 1225.66	\$ 258.69
COMM HOSP INPATIENT TOTAL	18	94	155,551.11	1654.80	.137	8641.73	226.42
HSC HOSPITALS	6	48	64,917.00	1352.44	.070	10819.50	94.49
NON-HSC HOSPITALS TOTAL	2	46	77,347.11	1681.46	.067	38673.56	112.59
ACCOMMODATIONS	2	46	16,069.10	349.33	.067	8034.55	23.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	16,069.10	349.33	.067	8034.55	23.39
ANCILLARIES	2	0	61,278.01	.00	.000	30639.01	89.20
INPATIENT CROSSOVERS	10	0	13,287.00	.00	.000	1328.70	19.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	134	593	22,169.30	37.38	.863	165.44	32.27
MEDICAL	20	25	863.74	34.55	.036	43.19	1.26
SURGERY	11	11	287.89	26.17	.016	26.17	.42
PATHOLOGY	41	142	1,593.50	11.22	.207	38.87	2.32
RADIOLOGY	34	41	11,049.14	269.49	.060	324.97	16.08
ROOM USE	51	67	2,679.22	39.99	.098	52.53	3.90
CROSSOVERS/ALL OTH OUTPTNT	77	307	5,695.81	18.55	.447	73.97	8.29
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	227	\$ 33,785.46	\$ 148.83	.330	\$ 3753.94	\$ 49.18
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	24	8,276.88	344.87	.035	8276.88	12.05
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	203	25,508.58	125.66	.295	3188.57	37.13
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	35	1,526	\$ 50,791.59	\$ 33.28	2.221	\$ 1451.19	\$ 73.93
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	35	1,526	50,791.59	33.28	2.221	1451.19	73.93
@REHABILITATION FACILITY	10	160	\$ 2,417.21	\$ 15.11	.233	\$ 241.72	\$ 3.52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	10	160	2,417.21	15.11	.233	241.72	3.52
@LABORATORY FACILITY	12	127	\$ 1,722.96	\$ 13.57	.185	\$ 143.58	\$ 2.51
PATHOLOGY	11	124	1,722.51	13.89	.180	156.59	2.51
XO AND OTHERS	1	3	.45	.15	.004	.45	.00
@ORGANIZED OUTPATIENT CLINIC	35	53	\$ 6,426.53	\$ 121.26	.077	\$ 183.62	\$ 9.35
CLINIC	6	6	196.41	32.74	.009	32.74	.29
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	29	47	6,230.12	132.56	.068	214.83	9.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,040
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

687 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	211	20,548	\$ 78,012.24	\$ 3.80	29.910	\$ 369.73	\$ 113.55
DURABLE MED. EQUIP.	13	30	6,248.65	208.29	.044	480.67	9.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.003	25.00	.07
MEDICAL TRANSPORTATION	14	244	3,915.96	16.05	.355	279.71	5.70
AMBULANCES/AIR TRANS	12	233	2,053.91	8.82	.339	171.16	2.99
OTHER TRANS	2	10	62.05	6.21	.015	31.03	.09
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.62
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	38	360	25,048.80	69.58	.524	659.18	36.46
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	12	2,396.70	199.73	.017	479.34	3.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	76.00	9.50	.012	25.33	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	190.86	23.86	.012	63.62	.28
PROSTHETICS	3	8	190.86	23.86	.012	63.62	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	70.00	17.50	.006	23.33	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	7,320	33,451.39	4.57	10.655	608.21	48.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	96	12,560	6,563.88	.52	18.282	68.37	9.55
@CALIF. CHILDREN SERVICES*	34	917	\$ 86,602.98	\$ 94.44	1.335	\$ 2547.15	\$ 126.06
@XOVER EXCLUDING STATE HOSP**	179	5,043	\$ 36,843.77	\$ 7.31	7.341	\$ 205.83	\$ 53.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,041
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

18,842 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,692	366,923	\$ 11,270,358.16	\$ 30.72	19.474 \$ 718.22 \$ 598.15
@PHYSICIANS SERVICES	4,585	18,357	\$ 539,985.89	\$ 29.42	.974 \$ 117.77 \$ 28.66
OUTPATIENT VISITS	2,528	3,849	153,843.51	39.97	.204 60.86 8.16
OFFICE VISITS	1,734	2,446	76,408.74	31.24	.130 44.07 4.06
HOME VISITS	5	7	225.58	32.23	.000 45.12 .01
EMERGENCY ROOM	881	1,196	70,902.72	59.28	.063 80.48 3.76
PREVENTIVE CARE	1	1	65.78	65.78	.000 65.78 .00
OB VISITS/COMPRI PERI	6	8	681.33	85.17	.000 113.56 .04
OTHER OUTPATIENT	180	191	5,559.36	29.11	.010 30.89 .30
INPATIENT VISITS	253	884	42,950.52	48.59	.047 169.76 2.28
HOSPITAL VISITS	224	790	36,717.04	46.48	.042 163.92 1.95
CRITICAL CARE	17	46	4,680.83	101.76	.002 275.34 .25
SNF/ICF/TRANS IP CARE	30	48	1,552.65	32.35	.003 51.76 .08
OPHTHALMOLOGICAL SERVICES	93	110	4,613.26	41.94	.006 49.60 .24
EXAMINATIONS	92	109	4,577.97	42.00	.006 49.76 .24
SERVICES AND MATERIALS	1	1	35.29	35.29	.000 35.29 .00
INPATIENT HOSPITAL SURGERY	109	2,539	53,414.37	21.04	.135 490.04 2.83
PRINCIPAL SURGEON	69	118	38,047.86	322.44	.006 551.42 2.02
ASSISTANT SURGEON	11	11	1,547.17	140.65	.001 140.65 .08
ANESTHESIOLOGIST	52	2,410	13,819.34	5.73	.128 265.76 .73
OUTPATIENT SURGERY	330	1,520	56,435.33	37.13	.081 171.02 3.00
PRINCIPAL SURGEON	275	331	45,559.84	137.64	.018 165.67 2.42
ASSISTANT SURGEON	2	2	243.91	121.96	.000 121.96 .01
ANESTHESIOLOGIST	65	1,187	10,631.58	8.96	.063 163.56 .56
DIALYSIS	15	84	5,715.07	68.04	.004 381.00 .30
PATHOLOGY	293	613	14,042.63	22.91	.033 47.93 .75

RADIOLOGY	1,018	1,848		74,149.81	40.12	.098	72.84	3.94
PSYCHIATRY	7	9		487.51	54.17	.000	69.64	.03
IMMUNIZATION AND INJECTION	104	1,194		18,329.79	15.35	.063	176.25	.97
OTHER SERVICES/ALL X-OVERS	1,931	5,707		116,004.09	20.33	.303	60.07	6.16
@PHARMACY	12,491	186,486	\$	6,511,134.76	\$ 34.91	9.897	\$ 521.27	\$ 345.56
PRESCRIPTION DRUGS	12,361	54,183		6,407,722.40	118.26	2.876	518.38	340.08
SNF/ICF	217	1,660		138,790.49	83.61	.088	639.59	7.37
OUTPATIENTS	12,185	52,523		6,268,931.91	119.36	2.788	514.48	332.71
MEDICAL SUPPLIES	882	132,303		103,412.36	.78	7.022	117.25	5.49
@DENTIST	695	2,901	\$	113,835.18	\$ 39.24	.154	\$ 163.79	\$ 6.04
VISITS - DIAGNOSTIC	476	1,717		25,840.90	15.05	.091	54.29	1.37
ORAL SURGERY	120	339		18,101.75	53.40	.018	150.85	.96
DRUGS	7	7		150.00	21.43	.000	21.43	.01
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.01
PERIODONTICS	30	40		3,506.00	87.65	.002	116.87	.19
ENDODONTICS	44	57		11,984.00	210.25	.003	272.36	.64
RESTORATIVE DENTISTRY	221	587		32,331.95	55.08	.031	146.30	1.72
PROSTHETICS	5	5		120.00	24.00	.000	24.00	.01
DENTURES, STAYPLATES	48	126		21,453.50	170.27	.007	446.95	1.14
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		112.08	112.08	.000	112.08	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	25	19		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOPO24	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

PAGE 9,042
03/14/05

18,842 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	344	1,093	\$ 22,552.40	\$ 20.63	.058	\$ 65.56	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	165	170	7,268.60	42.76	.009	44.05	.39
EYE APPLIANCES	296	885	14,338.60	16.20	.047	48.44	.76
OTHER OPTOMETRIC SERVICES	23	38	945.20	24.87	.002	41.10	.05
@CHIROPRACTOR	112	213	\$ 3,501.44	\$ 16.44	.011	\$ 31.26	\$.19
VISITS	99	197	3,252.04	16.51	.010	32.85	.17
OTHER SERVICES	13	16	249.40	15.59	.001	19.18	.01
@PODIATRIST	116	164	\$ 3,337.64	\$ 20.35	.009	\$ 28.77	\$.18
MEDICINE/INJECTIONS	61	70	2,060.87	29.44	.004	33.78	.11
SURGERY/ANES.	4	4	78.00	19.50	.000	19.50	.00
RADIO./PATHOLOGY	2	2	41.52	20.76	.000	20.76	.00
OTHER	56	88	1,157.25	13.15	.005	20.67	.06
@HOME HEALTH AGENCY	83	489	\$ 32,121.88	\$ 65.69	.026	\$ 387.01	\$ 1.70
NURSE ANESTHESIST	1	5	103.81	20.76	.000	103.81	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	1	34.22	34.22	.000	34.22	.00
FAMILY NURSE PRACTITIONER	60	73	1,793.12	24.56	.004	29.89	.10
@TOTAL HOSPITAL	3,395	17,988	\$ 2,227,538.18	\$ 123.83	.955	\$ 656.12	\$ 118.22
HOSP INPATIENT TOTAL	325	936	1,780,669.20	1902.42	.050	5478.98	94.51
HSC HOSPITALS	45	282	357,334.00	1267.14	.015	7940.76	18.96
NON-HSC HOSPITAL TOTAL	167	654	1,311,754.57	2005.74	.035	7854.82	69.62
ACCOMMODATIONS	167	654	311,556.44	476.39	.035	1865.61	16.54
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	654	311,556.44	476.39	.035	1865.61	16.54
ANCILLARIES	167	0	1,000,198.13	.00	.000	5989.21	53.08

INPATIENT CROSSOVERS	116	0	111,580.63	.00	.000	961.90	5.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,197	17,052	446,868.98	26.21	.905	139.78	23.72
MEDICAL	498	748	27,658.17	36.98	.040	55.54	1.47
SURGERY	241	261	9,153.08	35.07	.014	37.98	.49
PATHOLOGY	1,303	5,912	69,858.75	11.82	.314	53.61	3.71
RADIOLOGY	838	1,387	121,726.57	87.76	.074	145.26	6.46
ROOM USE	1,297	1,977	78,627.94	39.77	.105	60.62	4.17
CROSSOVERS/ALL OTH OUTPTNT	1,583	6,767	139,844.47	20.67	.359	88.34	7.42
@COUNTY HOSPITAL TOTAL	12	126	\$ 10,048.87	\$ 79.75	.007	\$ 837.41	\$.53
CO HOSPITAL INPATIENT TOTAL	1	5	4,575.00	915.00	.000	4575.00	.24
HSC HOSPITALS	1	5	4,575.00	915.00	.000	4575.00	.24
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	121	5,473.87	45.24	.006	497.62	.29
MEDICAL	3	9	389.51	43.28	.000	129.84	.02
SURGERY	2	5	234.48	46.90	.000	117.24	.01
PATHOLOGY	3	30	548.88	18.30	.002	182.96	.03
RADIOLOGY	4	13	1,384.39	106.49	.001	346.10	.07
ROOM USE	5	12	449.31	37.44	.001	89.86	.02
CROSSOVERS/ALL OTH OUTPTNT	10	52	2,467.30	47.45	.003	246.73	.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,043
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED 03/14/05

	18,842 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,390	17,862	\$	2,217,489.31	\$ 124.15	.948	\$ 654.13	\$ 117.69
COMM HOSP INPATIENT TOTAL	324	931		1,776,094.20	1907.73	.049	5481.77	94.26
HSC HOSPITALS	44	277		352,759.00	1273.50	.015	8017.25	18.72
NON-HSC HOSPITALS TOTAL	167	654		1,311,754.57	2005.74	.035	7854.82	69.62
ACCOMMODATIONS	167	654		311,556.44	476.39	.035	1865.61	16.54
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	654		311,556.44	476.39	.035	1865.61	16.54
ANCILLARIES	167	0		1,000,198.13	.00	.000	5989.21	53.08
INPATIENT CROSSOVERS	116	0		111,580.63	.00	.000	961.90	5.92
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,192	16,931		441,395.11	26.07	.899	138.28	23.43
MEDICAL	495	739		27,268.66	36.90	.039	55.09	1.45
SURGERY	239	256		8,918.60	34.84	.014	37.32	.47
PATHOLOGY	1,301	5,882		69,309.87	11.78	.312	53.27	3.68
RADIOLOGY	836	1,374		120,342.18	87.59	.073	143.95	6.39
ROOM USE	1,297	1,965		78,178.63	39.79	.104	60.28	4.15
CROSSOVERS/ALL OTH OUTPTNT	1,576	6,715		137,377.17	20.46	.356	87.17	7.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	158	4,067	\$	544,208.70	\$ 133.81	.216	\$ 3444.36	\$ 28.88
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	11	312		39,099.84		125.32	.017	3554.53	2.08
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	147	3,755		505,108.86		134.52	.199	3436.11	26.81
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	2,693.46	\$	.00	.000	.00	.14
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		2,693.46		.00	.000	.00	.14
@HEMODIALYSIS TOTAL	77	4,042	\$	122,202.52	\$	30.23	.215	1587.05	6.49
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	77	4,042		122,202.52		30.23	.215	1587.05	6.49
@REHABILITATION FACILITY	31	447	\$	6,898.61	\$	15.43	.024	222.54	.37
HOSPITAL BASED	2	2CR		26.10		13.05CR	.000	13.05	.00
INDEPENDENT FACILITY	29	449		6,872.51		15.31	.024	236.98	.36
@LABORATORY FACILITY	420	1,483	\$	18,574.64	\$	12.53	.079	44.23	.99
PATHOLOGY	414	1,457		18,392.88		12.62	.077	44.43	.98
XO AND OTHERS	6	26		181.76		6.99	.001	30.29	.01
@ORGANIZED OUTPATIENT CLINIC	1,928	3,184	\$	335,050.14	\$	105.23	.169	173.78	17.78
CLINIC	495	766		22,801.24		29.77	.041	46.06	1.21
SURGICENTER	9	34		1,679.55		49.40	.002	186.62	.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,437	2,384		310,569.35		130.27	.127	216.12	16.48
#CALIF DEPT OF HEALTH SERV									
MOP024									
NEVADA COUNTY									

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				----- MONTHLY AVERAGE -----			
18,842 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,222	125,930	\$ 784,791.57	\$ 6.23	6.683	\$ 353.19	\$ 41.65
DURABLE MED. EQUIP.	261	904	113,838.81	125.93	.048	436.16	6.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	28	3,814.28	136.22	.001	181.63	.20
MEDICAL TRANSPORTATION	237	3,366	52,994.03	15.74	.179	223.60	2.81
AMBULANCES/AIR TRANS	220	2,720	40,881.57	15.03	.144	185.83	2.17
OTHER TRANS	15	515	1,101.75	2.14	.027	73.45	.06
OTHER SERVICES	15	131	11,010.71	84.05	.007	734.05	.58
ACUPUNCTURE	6	13	222.83	17.14	.001	37.14	.01
ADULT DAY HEALTH CARE CTR	178	2,131	148,274.98	69.58	.113	833.01	7.87
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	45	9,126	234,035.00	25.64	.484	5200.78	12.42
OCCUPATIONAL THERAPIST	1	25	514.74	20.59	.001	514.74	.03
OPTICIAN	358	836	8,393.69	10.04	.044	23.45	.45
PHYSICAL THERAPIST	3	26	306.27	11.78	.001	102.09	.02
PORTABLE X-RAY	16	43	850.30	19.77	.002	53.14	.05
PROSTHETIST/ORTHOTISTS	67	227	29,781.10	131.19	.012	444.49	1.58
PROSTHETICS	67	227	29,781.10	131.19	.012	444.49	1.58
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	569.95	142.49	.000	189.98	.03
SPEECH AND AUDIOLOGY	31	104	4,384.52	42.16	.006	141.44	.23
HOSPICE SERVICES	12	131	17,995.24	137.37	.007	1499.60	.96
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	415	26,097	100,913.91	3.87	1.385	243.17	5.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	716	82,866		67,586.92		.82	4.398	94.40	3.59
@CALIF. CHILDREN SERVICES*	220	11,648	\$	209,016.13	\$	17.94	.618	\$ 950.07	\$ 11.09
@XOVER EXCLUDING STATE HOSP**	2,386	29,850	\$	343,381.49	\$	11.50	1.584	\$ 143.92	\$ 18.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
16,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,819	45,716	\$	2,211,275.90	\$ 48.37	2.816	\$ 250.74	\$ 136.22
@PHYSICIANS SERVICES	3,585	9,105	\$	317,948.38	\$ 34.92	.561	\$ 88.69	\$ 19.59
OUTPATIENT VISITS	2,908	3,922		147,032.54	37.49	.242	50.56	9.06
OFFICE VISITS	1,926	2,486		76,362.35	30.72	.153	39.65	4.70
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1,135	1,340		66,343.43	49.51	.083	58.45	4.09
PREVENTIVE CARE	4	4		176.74	44.19	.000	44.19	.01
OB VISITS/COMPRE PERI	20	25		2,013.38	80.54	.002	100.67	.12
OTHER OUTPATIENT	59	67		2,136.64	31.89	.004	36.21	.13
INPATIENT VISITS	95	297		20,962.91	70.58	.018	220.66	1.29
HOSPITAL VISITS	90	210		10,339.55	49.24	.013	114.88	.64
CRITICAL CARE	12	87		10,623.36	122.11	.005	885.28	.65
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	45	53		2,238.93	42.24	.003	49.75	.14
EXAMINATIONS	44	52		2,232.93	42.94	.003	50.75	.14
SERVICES AND MATERIALS	1	1		6.00	6.00	.000	6.00	.00
INPATIENT HOSPITAL SURGERY	72	640		32,069.58	50.11	.039	445.41	1.98
PRINCIPAL SURGEON	48	67		25,446.85	379.80	.004	530.14	1.57
ASSISTANT SURGEON	4	3		520.80	173.60	.000	130.20	.03
ANESTHESIOLOGIST	30	570		6,101.93	10.71	.035	203.40	.38

OUTPATIENT SURGERY	320	1,171		43,310.72		36.99	.072	135.35	2.67
PRINCIPAL SURGEON	279	337		35,149.82		104.30	.021	125.99	2.17
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	61	834		8,160.90		9.79	.051	133.79	.50
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	302	469		7,473.07		15.93	.029	24.75	.46
RADIOLOGY	735	1,074		26,751.44		24.91	.066	36.40	1.65
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	65	136		6,724.40		49.44	.008	103.45	.41
OTHER SERVICES/ALL X-OVERS	378	1,343		31,384.79		23.37	.083	83.03	1.93
@PHARMACY	3,935	10,459	\$	539,273.45	\$	51.56	.644	\$ 137.05	\$ 33.22
PRESCRIPTION DRUGS	3,920	8,778		534,635.23		60.91	.541	136.39	32.94
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	3,920	8,778		534,635.23		60.91	.541	136.39	32.94
MEDICAL SUPPLIES	93	1,681		4,638.22		2.76	.104	49.87	.29
@DENTIST	722	3,341	\$	110,758.64	\$	33.15	.206	\$ 153.41	\$ 6.82
VISITS - DIAGNOSTIC	524	2,160		35,913.09		16.63	.133	68.54	2.21
ORAL SURGERY	93	230		15,253.00		66.32	.014	164.01	.94
DRUGS	35	42		970.00		23.10	.003	27.71	.06
ANESTHESIA	6	6		525.00		87.50	.000	87.50	.03
PERIODONTICS	5	5		291.00		58.20	.000	58.20	.02
ENDODONTICS	50	102		12,629.25		123.82	.006	252.59	.78
RESTORATIVE DENTISTRY	254	696		38,678.30		55.57	.043	152.28	2.38
PROSTHETICS	1	1		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	10	25		2,692.00		107.68	.002	269.20	.17
SPACE MAINTAINERS	5	5		582.00		116.40	.000	116.40	.04
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	32	61		3,025.00		49.59	.004	94.53	.19
ALL OTHER SERVICES	20	7		150.00		21.43	.000	7.50	.01
#CALIF DEPT OF HEALTH SERV									
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----- MONTHLY AVERAGE -----									
16,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	184	560	\$	12,579.96	\$ 22.46	.034	\$ 68.37	\$.77	
DIAGNOSTIC AND ANC. PROCED	144	148		6,380.33	43.11	.009	44.31	.39	
EYE APPLIANCES	142	412		6,199.63	15.05	.025	43.66	.38	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	100	173	\$	2,838.22	\$ 16.41	.011	\$ 28.38	\$.17	
VISITS	100	173		2,838.22	16.41	.011	28.38	.17	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	26	33	\$	1,006.47	\$ 30.50	.002	\$ 38.71	\$.06	
MEDICINE/INJECTIONS	26	30		960.45	32.02	.002	36.94	.06	
SURGERY/ANES.	2	2		27.00	13.50	.000	13.50	.00	
RADIO./PATHOLOGY	1	1		19.02	19.02	.000	19.02	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	13	40	\$	2,568.37	\$ 64.21	.002	\$ 197.57	\$.16	
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00	
NURSE MIDWIFE	11	76	\$	4,905.79	\$ 64.55	.005	\$ 445.98	\$.30	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	66	86	\$	2,116.29	\$ 24.61	.005	\$ 32.07	\$.13	
@TOTAL HOSPITAL	2,125	9,441	\$	864,504.64	\$ 91.57	.582	\$ 406.83	\$ 53.26	
HOSP INPATIENT TOTAL	100	384		607,499.40	1582.03	.024	6074.99	37.42	
HSC HOSPITALS	19	123		169,851.03	1380.90	.008	8939.53	10.46	

NON-HSC HOSPITAL TOTAL	81	261	437,648.37	1676.81	.016	5403.07	26.96
ACCOMMODATIONS	81	261	102,925.12	394.35	.016	1270.68	6.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	81	261	102,925.12	394.35	.016	1270.68	6.34
ANCILLARIES	81	0	334,723.25	.00	.000	4132.39	20.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,082	9,057	257,005.24	28.38	.558	123.44	15.83
MEDICAL	339	450	29,374.68	65.28	.028	86.65	1.81
SURGERY	244	262	7,467.90	28.50	.016	30.61	.46
PATHOLOGY	780	2,985	37,138.42	12.44	.184	47.61	2.29
RADIOLOGY	633	840	51,613.72	61.44	.052	81.54	3.18
ROOM USE	1,426	1,882	73,772.66	39.20	.116	51.73	4.54
CROSSOVERS/ALL OTH OUTPTNT	867	2,638	57,637.86	21.85	.163	66.48	3.55
@COUNTY HOSPITAL TOTAL	6	34	\$ 1,184.97	\$ 34.85	.002	\$ 197.50	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	34	1,184.97	34.85	.002	197.50	.07
MEDICAL	1	2	164.87	82.44	.000	164.87	.01
SURGERY	3	4	304.03	76.01	.000	101.34	.02
PATHOLOGY	2	13	231.58	17.81	.001	115.79	.01
RADIOLOGY	1	1	39.01	39.01	.000	39.01	.00
ROOM USE	4	7	362.86	51.84	.000	90.72	.02
CROSSOVERS/ALL OTH OUTPTNT	3	7	82.62	11.80	.000	27.54	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----		
16,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,120	9,407	\$ 863,319.67	\$ 91.77	.579	\$ 407.23	\$ 53.18
COMM HOSP INPATIENT TOTAL	100	384	607,499.40	1582.03	.024	6074.99	37.42
HSC HOSPITALS	19	123	169,851.03	1380.90	.008	8939.53	10.46
NON-HSC HOSPITALS TOTAL	81	261	437,648.37	1676.81	.016	5403.07	26.96
ACCOMMODATIONS	81	261	102,925.12	394.35	.016	1270.68	6.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	81	261	102,925.12	394.35	.016	1270.68	6.34
ANCILLARIES	81	0	334,723.25	.00	.000	4132.39	20.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,077	9,023	255,820.27	28.35	.556	123.17	15.76
MEDICAL	338	448	29,209.81	65.20	.028	86.42	1.80
SURGERY	241	258	7,163.87	27.77	.016	29.73	.44
PATHOLOGY	778	2,972	36,906.84	12.42	.183	47.44	2.27
RADIOLOGY	632	839	51,574.71	61.47	.052	81.61	3.18
ROOM USE	1,422	1,875	73,409.80	39.15	.116	51.62	4.52

CROSSOVERS/ALL OTH OUTPTNT	864	2,631		57,555.24		21.88	.162	66.61	3.55
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	48	\$	673.20	\$	14.03	.003	673.20	.04
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	1	48		673.20		14.03	.003	673.20	.04
@LABORATORY FACILITY	258	530	\$	9,402.46	\$	17.74	.033	36.44	.58
PATHOLOGY	258	530		9,402.46		17.74	.033	36.44	.58
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,549	2,498	\$	263,702.90	\$	105.57	.154	170.24	16.24
CLINIC	653	1,086		34,174.17		31.47	.067	52.33	2.11
SURGICENTER	9	51		1,693.75		33.21	.003	188.19	.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	903	1,361		227,834.98		167.40	.084	252.31	14.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,048
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	16,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,012		9,326	\$ 78,997.13	\$ 8.47	.575	\$ 78.06	\$ 4.87
DURABLE MED. EQUIP.	37		67	5,677.55	84.74	.004	153.45	.35
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	90		820	20,802.71	25.37	.051	231.14	1.28
AMBULANCES/AIR TRANS	90		816	13,602.71	16.67	.050	151.14	.84
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	4		4	7,200.00	1800.00	.000	1800.00	.44
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13		13	1,341.00	103.15	.001	103.15	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	163		357	3,077.67	8.62	.022	18.88	.19
PHYSICAL THERAPIST	1		7	118.99	17.00	.000	118.99	.01
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18		24	2,979.76	124.16	.001	165.54	.18
PROSTHETICS	18		24	2,979.76	124.16	.001	165.54	.18
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5		18	729.77	40.54	.001	145.95	.04

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	688	5,958	43,151.32	7.24	.367	62.72	2.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	2,062	1,118.36	.54	.127	58.86	.07
@CALIF. CHILDREN SERVICES*	60	1,219	\$ 92,342.74	\$ 75.75	.075	\$ 1539.05	\$ 5.69
@XOVER EXCLUDING STATE HOSP**	1	6	\$ 433.98	\$ 72.33	.000	\$ 433.98	\$.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

39,657 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28,275	524,369	\$ 15,647,485.15	\$ 29.84	13.223	\$ 553.40	\$ 394.57
@PHYSICIANS SERVICES	8,971	30,186	\$ 917,099.26	\$ 30.38	.761	\$ 102.23	\$ 23.13
OUTPATIENT VISITS	5,524	7,895	306,150.50	38.78	.199	55.42	7.72
OFFICE VISITS	3,718	5,007	155,291.63	31.01	.126	41.77	3.92
HOME VISITS	5	7	225.58	32.23	.000	45.12	.01
EMERGENCY ROOM	2,056	2,580	139,816.70	54.19	.065	68.00	3.53
PREVENTIVE CARE	5	5	242.52	48.50	.000	48.50	.01
OB VISITS/COMPRE PERI	26	33	2,694.71	81.66	.001	103.64	.07
OTHER OUTPATIENT	244	263	7,879.36	29.96	.007	32.29	.20
INPATIENT VISITS	359	1,318	76,765.32	58.24	.033	213.83	1.94
HOSPITAL VISITS	325	1,095	51,110.22	46.68	.028	157.26	1.29
CRITICAL CARE	34	167	23,795.75	142.49	.004	699.88	.60
SNF/ICF/TRANS IP CARE	31	56	1,859.35	33.20	.001	59.98	.05
OPHTHALMOLOGICAL SERVICES	141	166	6,956.81	41.91	.004	49.34	.18
EXAMINATIONS	139	164	6,915.52	42.17	.004	49.75	.17
SERVICES AND MATERIALS	2	2	41.29	20.65	.000	20.65	.00
INPATIENT HOSPITAL SURGERY	189	3,210	87,276.80	27.19	.081	461.78	2.20
PRINCIPAL SURGEON	124	192	64,771.43	337.35	.005	522.35	1.63
ASSISTANT SURGEON	15	14	2,067.97	147.71	.000	137.86	.05
ANESTHESIOLOGIST	84	3,004	20,437.40	6.80	.076	243.30	.52
OUTPATIENT SURGERY	673	2,800	102,816.56	36.72	.071	152.77	2.59
PRINCIPAL SURGEON	572	686	82,501.63	120.26	.017	144.23	2.08
ASSISTANT SURGEON	2	2	243.91	121.96	.000	121.96	.01
ANESTHESIOLOGIST	132	2,112	20,071.02	9.50	.053	152.05	.51
DIALYSIS	25	99	8,875.63	89.65	.002	355.03	.22
PATHOLOGY	610	1,130	22,123.29	19.58	.028	36.27	.56
RADIOLOGY	1,790	3,044	103,356.52	33.95	.077	57.74	2.61
PSYCHIATRY	7	9	487.51	54.17	.000	69.64	.01
IMMUNIZATION AND INJECTION	169	1,330	25,054.19	18.84	.034	148.25	.63
OTHER SERVICES/ALL X-OVERS	3,009	9,185	177,236.13	19.30	.232	58.90	4.47
@PHARMACY	19,553	272,216	\$ 8,147,240.01	\$ 29.93	6.864	\$ 416.67	\$ 205.44
PRESCRIPTION DRUGS	19,378	76,235	8,013,676.60	105.12	1.922	413.55	202.07
SNF/ICF	300	2,243	171,782.69	76.59	.057	572.61	4.33
OUTPATIENTS	19,130	73,992	7,841,893.91	105.98	1.866	409.93	197.74
MEDICAL SUPPLIES	1,227	195,981	133,563.41	.68	4.942	108.85	3.37
@DENTIST	1,553	6,701	\$ 241,563.32	\$ 36.05	.169	\$ 155.55	\$ 6.09
VISITS - DIAGNOSTIC	1,093	4,135	66,221.99	16.01	.104	60.59	1.67
ORAL SURGERY	236	618	35,858.75	58.02	.016	151.94	.90

DRUGS	42	49	1,120.00	22.86	.001	26.67	.03
ANESTHESIA	8	8	725.00	90.63	.000	90.63	.02
PERIODONTICS	37	47	3,885.50	82.67	.001	105.01	.10
ENDODONTICS	99	163	25,559.25	156.81	.004	258.17	.64
RESTORATIVE DENTISTRY	510	1,366	75,018.25	54.92	.034	147.09	1.89
PROSTHETICS	6	7	150.00	21.43	.000	25.00	.00
DENTURES, STAYPLATES	73	197	29,070.50	147.57	.005	398.23	.73
SPACE MAINTAINERS	5	5	582.00	116.40	.000	116.40	.01
MAXILLOFACIAL SERVICES	2	2	162.08	81.04	.000	81.04	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	33	62	3,060.00	49.35	.002	92.73	.08
ALL OTHER SERVICES	53	42	150.00	3.57	.001	2.83	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,050
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

39,657 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	588	1,810	\$ 38,866.89	\$ 21.47	.046	\$ 66.10	\$.98
DIAGNOSTIC AND ANC. PROCED	318	327	14,037.52	42.93	.008	44.14	.35
EYE APPLIANCES	481	1,419	22,911.48	16.15	.036	47.63	.58
OTHER OPTOMETRIC SERVICES	39	64	1,917.89	29.97	.002	49.18	.05
@CHIROPRACTOR	215	389	\$ 6,384.83	\$ 16.41	.010	\$ 29.70	\$.16
VISITS	199	370	6,090.26	16.46	.009	30.60	.15
OTHER SERVICES	16	19	294.57	15.50	.000	18.41	.01
@PODIATRIST	216	297	\$ 5,346.58	\$ 18.00	.007	\$ 24.75	\$.13
MEDICINE/INJECTIONS	88	101	3,083.73	30.53	.003	35.04	.08
SURGERY/ANES.	7	7	120.00	17.14	.000	17.14	.00
RADIO./PATHOLOGY	3	3	60.54	20.18	.000	20.18	.00
OTHER	129	186	2,082.31	11.20	.005	16.14	.05
@HOME HEALTH AGENCY	107	1,742	\$ 71,371.14	\$ 40.97	.044	\$ 667.02	\$ 1.80
NURSE ANESTHESIST	3	34	\$ 174.62	\$ 5.14	.001	\$ 58.21	\$.00

NURSE MIDWIFE	11	76	\$	4,905.79	\$	64.55	.002	\$	445.98	\$	.12
PEDIATRIC NURSE PRACTITIONER	1	1	\$	34.22	\$	34.22	.000	\$	34.22	\$	.00
FAMILY NURSE PRACTITIONER	128	161	\$	3,957.41	\$	24.58	.004	\$	30.92	\$	.10
@TOTAL HOSPITAL	6,043	29,535	\$	3,440,691.15	\$	116.50	.745	\$	569.37	\$	86.76
HOSP INPATIENT TOTAL	521	1,455		2,689,352.63		1848.35	.037		5161.91		67.82
HSC HOSPITALS	71	460		592,102.03		1287.18	.012		8339.47		14.93
NON-HSC HOSPITAL TOTAL	259	995		1,916,552.71		1926.18	.025		7399.82		48.33
ACCOMMODATIONS	259	995		444,451.29		446.68	.025		1716.03		11.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	259	995		444,451.29		446.68	.025		1716.03		11.21
ANCILLARIES	258	0		1,472,101.42		.00	.000		5705.82		37.12
INPATIENT CROSSOVERS	194	0		180,697.89		.00	.000		931.43		4.56
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,728	28,080		751,338.52		26.76	.708		131.17		18.95
MEDICAL	858	1,224		57,907.55		47.31	.031		67.49		1.46
SURGERY	498	536		17,100.80		31.90	.014		34.34		.43
PATHOLOGY	2,128	9,045		108,637.46		12.01	.228		51.05		2.74
RADIOLOGY	1,505	2,268		184,389.43		81.30	.057		122.52		4.65
ROOM USE	2,779	3,933		155,419.20		39.52	.099		55.93		3.92
CROSSOVERS/ALL OTH OUTPTNT	2,836	11,074		227,884.08		20.58	.279		80.35		5.75
@COUNTY HOSPITAL TOTAL	18	160	\$	11,233.84	\$	70.21	.004	\$	624.10	\$	.28
CO HOSPITAL INPATIENT TOTAL	1	5		4,575.00		915.00	.000		4575.00		.12
HSC HOSPITALS	1	5		4,575.00		915.00	.000		4575.00		.12
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	155		6,658.84		42.96	.004		391.70		.17
MEDICAL	4	11		554.38		50.40	.000		138.60		.01
SURGERY	5	9		538.51		59.83	.000		107.70		.01
PATHOLOGY	5	43		780.46		18.15	.001		156.09		.02
RADIOLOGY	5	14		1,423.40		101.67	.000		284.68		.04
ROOM USE	9	19		812.17		42.75	.000		90.24		.02
CROSSOVERS/ALL OTH OUTPTNT	13	59		2,549.92		43.22	.001		196.15		.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,051
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

						----- MONTHLY AVERAGE -----		
39,657 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,033	29,375	\$ 3,429,457.31	\$ 116.75	.741	\$ 568.45	\$ 86.48	
COMM HOSP INPATIENT TOTAL	520	1,450	2,684,777.63	1851.57	.037	5163.03	67.70	
HSC HOSPITALS	70	455	587,527.03	1291.27	.011	8393.24	14.82	
NON-HSC HOSPITALS TOTAL	259	995	1,916,552.71	1926.18	.025	7399.82	48.33	
ACCOMMODATIONS	259	995	444,451.29	446.68	.025	1716.03	11.21	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	259	995	444,451.29	446.68	.025	1716.03	11.21	
ANCILLARIES	258	0	1,472,101.42	.00	.000	5705.82	37.12	
INPATIENT CROSSOVERS	194	0	180,697.89	.00	.000	931.43	4.56	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	5,718	27,925		744,679.68	26.67	.704	130.23	18.78
MEDICAL	854	1,213		57,353.17	47.28	.031	67.16	1.45
SURGERY	493	527		16,562.29	31.43	.013	33.59	.42
PATHOLOGY	2,124	9,002		107,857.00	11.98	.227	50.78	2.72
RADIOLOGY	1,502	2,254		182,966.03	81.17	.057	121.81	4.61
ROOM USE	2,775	3,914		154,607.03	39.50	.099	55.71	3.90
CROSSOVERS/ALL OTH OUTPTNT	2,826	11,015		225,334.16	20.46	.278	79.74	5.68
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	270	6,276	\$	870,133.82	\$ 138.64	.158	\$ 3222.72	\$ 21.94
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	11	312		39,099.84	125.32	.008	3554.53	.99
LEV B-SUBACUTE FREESTANDING	1	24		8,276.88	344.87	.001	8276.88	.21
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	258	5,940		822,757.10	138.51	.150	3188.98	20.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	2,693.46	\$.00	.000	\$.00	\$.07
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		2,693.46	.00	.000	.00	.07
@HEMODIALYSIS TOTAL	122	5,581	\$	179,465.09	\$ 32.16	.141	\$ 1471.03	\$ 4.53
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	122	5,581		179,465.09	32.16	.141	1471.03	4.53
@REHABILITATION FACILITY	42	655	\$	9,989.02	\$ 15.25	.017	\$ 237.83	\$.25
HOSPITAL BASED	2	2CR		26.10	13.05CR	.000	13.05	.00
INDEPENDENT FACILITY	40	657		9,962.92	15.16	.017	249.07	.25
@LABORATORY FACILITY	700	2,161	\$	29,858.52	\$ 13.82	.054	\$ 42.66	\$.75
PATHOLOGY	689	2,124		29,665.06	13.97	.054	43.06	.75
XO AND OTHERS	11	37		193.46	5.23	.001	17.59	.00
@ORGANIZED OUTPATIENT CLINIC	3,612	5,905	\$	626,728.50	\$ 106.14	.149	\$ 173.51	\$ 15.80
CLINIC	1,154	1,858		57,171.82	30.77	.047	49.54	1.44
SURGICENTER	20	89		3,907.12	43.90	.002	195.36	.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,467	3,958		565,649.56	142.91	.100	229.29	14.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,052
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL							

		----- MONTHLY AVERAGE -----						
39,657 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,958	160,643	\$ 1,050,981.52	\$ 6.54	4.051	\$ 265.53	\$ 26.50	
DURABLE MED. EQUIP.	316	1,006	127,683.30	126.92	.025	404.06	3.22	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	37	44	7,472.68	169.83	.001	201.96	.19	
MEDICAL TRANSPORTATION	345	4,504	77,913.84	17.30	.114	225.84	1.96	
AMBULANCES/AIR TRANS	322	3,769	56,538.19	15.00	.095	175.58	1.43	
OTHER TRANS	20	591	1,337.23	2.26	.015	66.86	.03	
OTHER SERVICES	21	144	20,038.42	139.16	.004	954.21	.51	
ACUPUNCTURE	6	13	222.83	17.14	.000	37.14	.01	
ADULT DAY HEALTH CARE CTR	311	3,687	256,540.45	69.58	.093	824.89	6.47	
GENETIC DISEASE TESTING	16	16	1,656.00	103.50	.000	103.50	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	53	9,152	237,067.72	25.90	.231	4472.98	5.98	
OCCUPATIONAL THERAPIST	1	25	514.74	20.59	.001	514.74	.01	
OPTICIAN	601	1,376	13,525.42	9.83	.035	22.50	.34	
PHYSICAL THERAPIST	4	33	425.26	12.89	.001	106.32	.01	

PORTABLE X-RAY	26	62	867.78	14.00	.002	33.38	.02
PROSTHETIST/ORTHOTISTS	94	271	33,080.84	122.07	.007	351.92	.83
PROSTHETICS	94	271	33,080.84	122.07	.007	351.92	.83
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	569.95	142.49	.000	189.98	.01
SPEECH AND AUDIOLOGY	41	128	5,229.59	40.86	.003	127.55	.13
HOSPICE SERVICES	17	182	23,789.86	130.71	.005	1399.40	.60
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,158	39,375	177,516.62	4.51	.993	153.30	4.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,144	100,765	86,904.64	.86	2.541	75.97	2.19
@CALIF. CHILDREN SERVICES*	314	13,784	\$ 387,961.85	\$ 28.15	.348	\$ 1235.55	\$ 9.78
@XOVER EXCLUDING STATE HOSP**	3,742	41,576	\$ 549,258.15	\$ 13.21	1.048	\$ 146.78	\$ 13.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,053
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

3,149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,635	26,726	\$ 1,193,754.97	\$ 44.67	8.487	\$ 453.04	\$ 379.09
@PHYSICIANS SERVICES	389	1,484	\$ 19,155.82	\$ 12.91	.471	\$ 49.24	\$ 6.08
OUTPATIENT VISITS	13	21	799.20	38.06	.007	61.48	.25
OFFICE VISITS	7	15	376.98	25.13	.005	53.85	.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	403.02	80.60	.002	80.60	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.000	19.20	.01
INPATIENT VISITS	3	8	255.30	31.91	.003	85.10	.08
HOSPITAL VISITS	2	6	255.30	42.55	.002	127.65	.08
CRITICAL CARE	1	2	.00	.00	.001	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	5	238.02	47.60	.002	79.34	.08
EXAMINATIONS	3	5	238.02	47.60	.002	79.34	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	14	990.08	70.72	.004	165.01	.31
PRINCIPAL SURGEON	4	6	441.55	73.59	.002	110.39	.14
ASSISTANT SURGEON	1	1	374.53	374.53	.000	374.53	.12
ANESTHESIOLOGIST	1	7	174.00	24.86	.002	174.00	.06
OUTPATIENT SURGERY	5	13	2,159.39	166.11	.004	431.88	.69
PRINCIPAL SURGEON	4	4	1,881.44	470.36	.001	470.36	.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	277.95	30.88	.003	138.98	.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	16.16	8.08	.001	8.08	.01
RADIOLOGY	9	16	326.05	20.38	.005	36.23	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	365	1,405	14,371.62	10.23	.446	39.37	4.56
@PHARMACY	2,218	18,603	\$ 636,352.39	\$ 34.21	5.908	\$ 286.90	\$ 202.08
PRESCRIPTION DRUGS	2,208	9,893	631,950.23	63.88	3.142	286.21	200.68

SNF/ICF	126	784	41,695.23	53.18	.249	330.91	13.24
OUTPATIENTS	2,097	9,109	590,255.00	64.80	2.893	281.48	187.44
MEDICAL SUPPLIES	69	8,710	4,402.16	.51	2.766	63.80	1.40
@DENTIST	86	314	\$ 14,221.00	\$ 45.29	.100	\$ 165.36	\$ 4.52
VISITS - DIAGNOSTIC	49	151	2,309.00	15.29	.048	47.12	.73
ORAL SURGERY	15	38	1,967.00	51.76	.012	131.13	.62
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.02
ENDODONTICS	3	3	760.00	253.33	.001	253.33	.24
RESTORATIVE DENTISTRY	30	69	3,947.00	57.20	.022	131.57	1.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	14	45	5,183.00	115.18	.014	370.21	1.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	7	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,054
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

3,149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	37	119	\$ 2,197.35	\$ 18.47	.038	\$ 59.39	\$.70
DIAGNOSTIC AND ANC. PROCED	9	9	372.57	41.40	.003	41.40	.12
EYE APPLIANCES	33	105	1,759.09	16.75	.033	53.31	.56
OTHER OPTOMETRIC SERVICES	3	5	65.69	13.14	.002	21.90	.02
@CHIROPRACTOR	2	4	\$ 66.88	\$ 16.72	.001	\$ 33.44	\$.02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	4	66.88	16.72	.001	33.44	.02
@PODIATRIST	45	68	\$ 587.51	\$ 8.64	.022	\$ 13.06	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	45	68	587.51	8.64	.022	13.06	.19
@HOME HEALTH AGENCY	1	8	\$ 641.60	\$ 80.20	.003	\$ 641.60	\$.20
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 2.10	\$ 2.10	.000	\$ 2.10	\$.00
@TOTAL HOSPITAL	287	1,018	\$ 84,892.24	\$ 83.39	.323	\$ 295.79	\$ 26.96
HOSP INPATIENT TOTAL	48	19	64,838.89	3412.57	.006	1350.81	20.59
HSC HOSPITALS	1	4	7,200.00	1800.00	.001	7200.00	2.29
NON-HSC HOSPITAL TOTAL	3	15	22,448.99	1496.60	.005	7483.00	7.13
ACCOMMODATIONS	3	15	5,354.41	356.96	.005	1784.80	1.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	15	5,354.41	356.96	.005	1784.80	1.70
ANCILLARIES	3	0	17,094.58	.00	.000	5698.19	5.43
INPATIENT CROSSOVERS	44	0	35,189.90	.00	.000	799.77	11.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	245	999	20,053.35	20.07	.317	81.85	6.37
MEDICAL	5	7	195.47	27.92	.002	39.09	.06
SURGERY	1	1	19.43	19.43	.000	19.43	.01
PATHOLOGY	14	44	643.10	14.62	.014	45.94	.20

RADIOLOGY	4	4	102.07	25.52	.001	25.52	.03
ROOM USE	11	14	486.94	34.78	.004	44.27	.15
CROSSOVERS/ALL OTH OUTPTNT	228	929	18,606.34	20.03	.295	81.61	5.91
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,055
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X						

	3,149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	287	1,018	\$	84,892.24	\$ 83.39	.323	\$ 295.79	\$ 26.96
COMM HOSP INPATIENT TOTAL	48	19		64,838.89	3412.57	.006	1350.81	20.59
HSC HOSPITALS	1	4		7,200.00	1800.00	.001	7200.00	2.29
NON-HSC HOSPITALS TOTAL	3	15		22,448.99	1496.60	.005	7483.00	7.13
ACCOMMODATIONS	3	15		5,354.41	356.96	.005	1784.80	1.70

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	15		5,354.41	356.96	.005	1784.80	1.70
ANCILLARIES	3	0		17,094.58	.00	.000	5698.19	5.43
INPATIENT CROSSOVERS	44	0		35,189.90	.00	.000	799.77	11.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	245	999		20,053.35	20.07	.317	81.85	6.37
MEDICAL	5	7		195.47	27.92	.002	39.09	.06
SURGERY	1	1		19.43	19.43	.000	19.43	.01
PATHOLOGY	14	44		643.10	14.62	.014	45.94	.20
RADIOLOGY	4	4		102.07	25.52	.001	25.52	.03
ROOM USE	11	14		486.94	34.78	.004	44.27	.15
CROSSOVERS/ALL OTH OUTPTNT	228	929		18,606.34	20.03	.295	81.61	5.91
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	109	2,240	\$	297,697.16	\$ 132.90	.711	\$ 2731.17	\$ 94.54
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	109	2,240		297,697.16	132.90	.711	2731.17	94.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	21	\$	4,910.33	\$ 233.83	.007	\$ 701.48	\$ 1.56
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	21		4,910.33	233.83	.007	701.48	1.56
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	12	\$	109.39	\$ 9.12	.004	\$ 27.35	\$.03
PATHOLOGY	1	6		65.95	10.99	.002	65.95	.02
XO AND OTHERS	3	6		43.44	7.24	.002	14.48	.01
@ORGANIZED OUTPATIENT CLINIC	147	213	\$	31,146.94	\$ 146.23	.068	\$ 211.88	\$ 9.89
CLINIC	2	2		59.42	29.71	.001	29.71	.02
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	145	211		31,087.52	147.33	.067	214.40	9.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,056
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,149 ELIGIBLES							
@ALL OTHER PROVIDERS	393	2,621	\$ 101,774.26	\$ 38.83	.832	\$ 258.97	\$ 32.32
DURABLE MED. EQUIP.	12	26	3,457.84	132.99	.008	288.15	1.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	20	20	8,424.52	421.23	.006	421.23	2.68
MEDICAL TRANSPORTATION	6	71	522.53	7.36	.023	87.09	.17
AMBULANCES/AIR TRANS	2	30	349.94	11.66	.010	174.97	.11
OTHER TRANS	3	38	156.87	4.13	.012	52.29	.05
OTHER SERVICES	1	3	15.72	5.24	.001	15.72	.00
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.01

ADULT DAY HEALTH CARE CTR	67	725	50,445.50	69.58	.230	752.92	16.02
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	52	122	1,503.64	12.32	.039	28.92	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	10	7.37	.74	.003	1.05	.00
PROSTHETIST/ORTHOTISTS	3	5	22.96	4.59	.002	7.65	.01
PROSTHETICS	3	5	22.96	4.59	.002	7.65	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	704.01	352.01	.001	352.01	.22
HOSPICE SERVICES	11	261	29,658.99	113.64	.083	2696.27	9.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	227	1,378	6,999.87	5.08	.438	30.84	2.22
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	810	3,859	\$ 109,689.49	\$ 28.42	1.225	\$ 135.42	\$ 34.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,057
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	2CR \$	50.00CR \$	25.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	2CR	\$ 50.00CR	\$ 25.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	2CR	50.00CR	25.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,058
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,059
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

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	2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,984	2,886	56,189	\$ 2,671,523.04	\$ 47.55	18.830	\$ 925.68	\$ 895.28
@PHYSICIANS SERVICES		744	3,000	\$ 120,034.31	\$ 40.01	1.005	\$ 161.34	\$ 40.23
OUTPATIENT VISITS		309	506	17,704.65	34.99	.170	57.30	5.93
OFFICE VISITS		244	401	11,405.35	28.44	.134	46.74	3.82
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		71	88	5,840.65	66.37	.029	82.26	1.96
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		16	17	458.65	26.98	.006	28.67	.15
INPATIENT VISITS		54	267	14,665.09	54.93	.089	271.58	4.91
HOSPITAL VISITS		49	223	9,740.59	43.68	.075	198.79	3.26
CRITICAL CARE		5	39	4,742.40	121.60	.013	948.48	1.59
SNF/ICF/TRANS IP CARE		4	5	182.10	36.42	.002	45.53	.06
OPHTHALMOLOGICAL SERVICES		13	13	581.18	44.71	.004	44.71	.19
EXAMINATIONS		13	13	581.18	44.71	.004	44.71	.19
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		32	403	14,567.81	36.15	.135	455.24	4.88
PRINCIPAL SURGEON		24	37	11,302.95	305.49	.012	470.96	3.79
ASSISTANT SURGEON		3	3	410.64	136.88	.001	136.88	.14
ANESTHESIOLOGIST		10	363	2,854.22	7.86	.122	285.42	.96

OUTPATIENT SURGERY	50	200		11,686.29	58.43	.067	233.73	3.92
PRINCIPAL SURGEON	44	52		10,189.05	195.94	.017	231.57	3.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	148		1,497.24	10.12	.050	166.36	.50
DIALYSIS	10	43		2,359.68	54.88	.014	235.97	.79
PATHOLOGY	54	135		2,282.74	16.91	.045	42.27	.76
RADIOLOGY	148	417		13,948.80	33.45	.140	94.25	4.67
PSYCHIATRY	1	1		73.29	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	10	106		16,693.64	157.49	.036	1669.36	5.59
OTHER SERVICES/ALL X-OVERS	386	909		25,471.14	28.02	.305	65.99	8.54
@PHARMACY	2,148	18,401	\$	1,647,235.83	\$ 89.52	6.167	\$ 766.87	\$ 552.02
PRESCRIPTION DRUGS	2,110	9,531		1,634,754.23	171.52	3.194	774.77	547.84
SNF/ICF	23	225		18,947.35	84.21	.075	823.80	6.35
OUTPATIENTS	2,091	9,306		1,615,806.88	173.63	3.119	772.74	541.49
MEDICAL SUPPLIES	159	8,870		12,481.60	1.41	2.973	78.50	4.18
@DENTIST	145	587	\$	26,238.00	\$ 44.70	.197	\$ 180.95	\$ 8.79
VISITS - DIAGNOSTIC	85	276		4,506.50	16.33	.092	53.02	1.51
ORAL SURGERY	32	95		5,214.50	54.89	.032	162.95	1.75
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	6	6		708.00	118.00	.002	118.00	.24
ENDODONTICS	6	7		1,370.00	195.71	.002	228.33	.46
RESTORATIVE DENTISTRY	60	158		9,403.00	59.51	.053	156.72	3.15
PROSTHETICS	2	2		60.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	11	42		4,976.00	118.48	.014	452.36	1.67
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,062
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

----- MONTHLY AVERAGE -----								
2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	42	121	\$ 2,538.17	\$ 20.98	.041	\$ 60.43	\$.85	
DIAGNOSTIC AND ANC. PROCED	19	19	869.48	45.76	.006	45.76	.29	
EYE APPLIANCES	33	93	1,446.61	15.55	.031	43.84	.48	
OTHER OPTOMETRIC SERVICES	6	9	222.08	24.68	.003	37.01	.07	
@CHIROPRACTOR	15	26	\$ 404.97	\$ 15.58	.009	\$ 27.00	\$.14	
VISITS	13	22	342.76	15.58	.007	26.37	.11	
OTHER SERVICES	2	4	62.21	15.55	.001	31.11	.02	
@PODIATRIST	20	26	\$ 594.76	\$ 22.88	.009	\$ 29.74	\$.20	
MEDICINE/INJECTIONS	13	15	426.40	28.43	.005	32.80	.14	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	2	2	48.44	24.22	.001	24.22	.02	
OTHER	7	9	119.92	13.32	.003	17.13	.04	
@HOME HEALTH AGENCY	13	96	\$ 4,907.79	\$ 51.12	.032	\$ 377.52	\$ 1.64	
NURSE ANESTHESIST	1	24	\$ 65.11	\$ 2.71	.008	\$ 65.11	\$.02	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	4	5	\$ 84.20	\$ 16.84	.002	\$ 21.05	\$.03	
@TOTAL HOSPITAL	563	3,409	\$ 575,962.26	\$ 168.95	1.142	\$ 1023.02	\$ 193.02	
HOSP INPATIENT TOTAL	70	322	455,541.62	1414.73	.108	6507.74	152.66	
HSC HOSPITALS	18	199	253,669.00	1274.72	.067	14092.72	85.01	

NON-HSC HOSPITAL TOTAL	28	123	180,701.97	1469.12	.041	6453.64	60.56
ACCOMMODATIONS	28	123	93,795.75	762.57	.041	3349.85	31.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	123	93,795.75	762.57	.041	3349.85	31.43
ANCILLARIES	28	0	86,906.22	.00	.000	3103.79	29.12
INPATIENT CROSSOVERS	26	0	21,170.65	.00	.000	814.26	7.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	515	3,087	120,420.64	39.01	1.035	233.83	40.36
MEDICAL	68	131	5,461.48	41.69	.044	80.32	1.83
SURGERY	36	39	1,843.56	47.27	.013	51.21	.62
PATHOLOGY	213	1,065	11,447.96	10.75	.357	53.75	3.84
RADIOLOGY	114	277	22,916.57	82.73	.093	201.02	7.68
ROOM USE	136	218	9,865.42	45.25	.073	72.54	3.31
CROSSOVERS/ALL OTH OUTPTNT	280	1,357	68,885.65	50.76	.455	246.02	23.09
@COUNTY HOSPITAL TOTAL	7	85	\$ 105,497.81	\$ 1241.15	.028	\$ 15071.12	\$ 35.35
CO HOSPITAL INPATIENT TOTAL	3	78	104,947.94	1345.49	.026	34982.65	35.17
HSC HOSPITALS	3	77	104,104.00	1352.00	.026	34701.33	34.89
NON-HSC HOSPITALS TOTAL	1	1	843.94	843.94	.000	843.94	.28
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.000	231.30	.08
ANCILLARIES	1	0	612.64	.00	.000	612.64	.21
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7	549.87	78.55	.002	137.47	.18
MEDICAL	1	1	46.54	46.54	.000	46.54	.02
SURGERY	1	2	125.40	62.70	.001	125.40	.04
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	305.36	152.68	.001	152.68	.10
ROOM USE	2	2	72.57	36.29	.001	36.29	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,063
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	556	3,324	\$ 470,464.45	\$ 141.54	1.114	\$ 846.16	\$ 157.66
COMM HOSP INPATIENT TOTAL	67	244	350,593.68	1436.86	.082	5232.74	117.49
HSC HOSPITALS	15	122	149,565.00	1225.94	.041	9971.00	50.12
NON-HSC HOSPITALS TOTAL	27	122	179,858.03	1474.25	.041	6661.41	60.27
ACCOMMODATIONS	27	122	93,564.45	766.92	.041	3465.35	31.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	122	93,564.45	766.92	.041	3465.35	31.36
ANCILLARIES	27	0	86,293.58	.00	.000	3196.06	28.92
INPATIENT CROSSOVERS	26	0	21,170.65	.00	.000	814.26	7.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	511	3,080	119,870.77	38.92	1.032	234.58	40.17
MEDICAL	67	130	5,414.94	41.65	.044	80.82	1.81
SURGERY	35	37	1,718.16	46.44	.012	49.09	.58
PATHOLOGY	213	1,065	11,447.96	10.75	.357	53.75	3.84
RADIOLOGY	112	275	22,611.21	82.22	.092	201.89	7.58
ROOM USE	134	216	9,792.85	45.34	.072	73.08	3.28

CROSSOVERS/ALL OTH OUTPTNT	280	1,357		68,885.65	50.76	.455	246.02	23.09
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	13	337	\$	48,361.57	143.51	.113	3720.12	16.21
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	13	337		48,361.57	143.51	.113	3720.12	16.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	37	951	\$	45,362.21	47.70	.319	1226.01	15.20
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	37	951		45,362.21	47.70	.319	1226.01	15.20
@REHABILITATION FACILITY	7	85	\$	1,373.11	16.15	.028	196.16	.46
HOSPITAL BASED	1	3		68.34	22.78	.001	68.34	.02
INDEPENDENT FACILITY	6	82		1,304.77	15.91	.027	217.46	.44
@LABORATORY FACILITY	44	177	\$	2,344.06	13.24	.059	53.27	.79
PATHOLOGY	40	164		2,214.71	13.50	.055	55.37	.74
XO AND OTHERS	4	13		129.35	9.95	.004	32.34	.04
@ORGANIZED OUTPATIENT CLINIC	298	536	\$	51,365.99	95.83	.180	172.37	17.21
CLINIC	45	74		2,436.17	32.92	.025	54.14	.82
SURGICENTER	3	13		161.08	12.39	.004	53.69	.05
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	250	449		48,768.74	108.62	.150	195.07	16.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,064
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	2,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	336		28,408	\$ 144,650.70	\$ 5.09	9.520	\$ 430.51	\$ 48.48
DURABLE MED. EQUIP.	13		76	11,967.38	157.47	.025	920.57	4.01
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	38		447	6,712.28	15.02	.150	176.64	2.25
AMBULANCES/AIR TRANS	34		431	4,885.31	11.33	.144	143.69	1.64
OTHER TRANS	1		4	21.55	5.39	.001	21.55	.01
OTHER SERVICES	4		12	1,805.42	150.45	.004	451.36	.61
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5		134	9,323.72	69.58	.045	1864.74	3.12
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	43		1,386	57,710.83	41.64	.464	1342.11	19.34
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	54		120	1,432.40	11.94	.040	26.53	.48
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6		15	2,365.06	157.67	.005	394.18	.79
PROSTHETICS	6		15	2,365.06	157.67	.005	394.18	.79
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8		12	1,598.46	133.21	.004	199.81	.54

HOSPICE SERVICES	3	53	6,291.36	118.70	.018	2097.12	2.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	73	19,176	40,056.27	2.09	6.426	548.72	13.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	111	6,989	7,192.94	1.03	2.342	64.80	2.41
@CALIF. CHILDREN SERVICES*	18	141	\$ 8,438.34	\$ 59.85	.047	\$ 468.80	\$ 2.83
@XOVER EXCLUDING STATE HOSP**	522	2,696	\$ 72,129.24	\$ 26.75	.903	\$ 138.18	\$ 24.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,065
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

					----- MONTHLY AVERAGE -----			
35,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	17,182	96,351	\$ 5,548,639.63	\$ 57.59	2.708	\$ 322.93	\$ 155.94	
@PHYSICIANS SERVICES	7,179	20,720	\$ 772,343.55	\$ 37.28	.582	\$ 107.58	\$ 21.71	
OUTPATIENT VISITS	5,399	7,521	284,381.61	37.81	.211	52.67	7.99	
OFFICE VISITS	3,634	4,843	148,166.18	30.59	.136	40.77	4.16	
HOME VISITS	2	2	164.55	82.28	.000	82.28	.00	
EMERGENCY ROOM	1,924	2,383	118,427.48	49.70	.067	61.55	3.33	
PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	.00	
OB VISITS/COMPRE PERI	116	187	14,361.63	76.80	.005	123.81	.40	
OTHER OUTPATIENT	97	104	3,169.55	30.48	.003	32.68	.09	
INPATIENT VISITS	311	1,107	67,276.35	60.77	.031	216.32	1.89	
HOSPITAL VISITS	300	898	41,011.64	45.67	.025	136.71	1.15	
CRITICAL CARE	29	209	26,264.71	125.67	.006	905.68	.74	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	88	107	4,543.89	42.47	.003	51.64	.13	

EXAMINATIONS	87	106		4,508.60	42.53	.003	51.82	.13
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	332	2,069		165,734.10	80.10	.058	499.20	4.66
PRINCIPAL SURGEON	224	273		136,118.67	498.60	.008	607.67	3.83
ASSISTANT SURGEON	31	31		4,996.95	161.19	.001	161.19	.14
ANESTHESIOLOGIST	124	1,765		24,618.48	13.95	.050	198.54	.69
OUTPATIENT SURGERY	682	2,421		94,158.62	38.89	.068	138.06	2.65
PRINCIPAL SURGEON	614	768		79,854.95	103.98	.022	130.06	2.24
ASSISTANT SURGEON	3	3		251.93	83.98	.000	83.98	.01
ANESTHESIOLOGIST	108	1,650		14,051.74	8.52	.046	130.11	.39
DIALYSIS	1	1		56.60	56.60	.000	56.60	.00
PATHOLOGY	664	1,171		19,700.56	16.82	.033	29.67	.55
RADIOLOGY	1,555	2,434		73,132.20	30.05	.068	47.03	2.06
PSYCHIATRY	8	8		586.32	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	199	413		16,559.48	40.10	.012	83.21	.47
OTHER SERVICES/ALL X-OVERS	813	3,468		46,213.82	13.33	.097	56.84	1.30
@PHARMACY	7,701	30,332	\$	1,208,278.56	39.84	.852	156.90	\$ 33.96
PRESCRIPTION DRUGS	7,634	17,860		1,189,320.89	66.59	.502	155.79	33.43
SNF/ICF	2	4		73.23	18.31	.000	36.62	.00
OUTPATIENTS	7,632	17,856		1,189,247.66	66.60	.502	155.82	33.42
MEDICAL SUPPLIES	189	12,472		18,957.67	1.52	.351	100.31	.53
@DENTIST	1,359	5,964	\$	204,269.20	34.25	.168	150.31	\$ 5.74
VISITS - DIAGNOSTIC	959	3,679		63,128.20	17.16	.103	65.83	1.77
ORAL SURGERY	189	482		28,783.00	59.72	.014	152.29	.81
DRUGS	57	68		1,440.00	21.18	.002	25.26	.04
ANESTHESIA	2	4		300.00	75.00	.000	150.00	.01
PERIODONTICS	8	8		670.00	83.75	.000	83.75	.02
ENDODONTICS	98	185		25,367.00	137.12	.005	258.85	.71
RESTORATIVE DENTISTRY	496	1,295		68,899.60	53.20	.036	138.91	1.94
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	34	110		11,248.40	102.26	.003	330.84	.32
SPACE MAINTAINERS	14	19		1,720.00	90.53	.001	122.86	.05
MAXILLOFACIAL SERVICES	1	1		48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	40		2,080.00	52.00	.001	53.33	.06
ALL OTHER SERVICES	52	71		525.00	7.39	.002	10.10	.01
#CALIF DEPT OF HEALTH SERV								
MOP024								
NEVADA COUNTY								

MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

PAGE 9,066
03/14/05

	35,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	364	1,065	\$	24,126.53	\$ 22.65	.030	\$ 66.28	\$.68
DIAGNOSTIC AND ANC. PROCED	279	290		12,491.73	43.07	.008	44.77	.35
EYE APPLIANCES	270	761		11,397.30	14.98	.021	42.21	.32
OTHER OPTOMETRIC SERVICES	10	14		237.50	16.96	.000	23.75	.01
@CHIROPRACTOR	210	320	\$	5,233.36	\$ 16.35	.009	\$ 24.92	\$.15
VISITS	210	320		5,233.36	16.35	.009	24.92	.15
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	38	53	\$	2,124.29	\$ 40.08	.001	\$ 55.90	\$.06
MEDICINE/INJECTIONS	35	39		1,269.87	32.56	.001	36.28	.04
SURGERY/ANES.	6	6		464.37	77.40	.000	77.40	.01
RADIO./PATHOLOGY	4	5		84.34	16.87	.000	21.09	.00
OTHER	3	3		305.71	101.90	.000	101.90	.01
@HOME HEALTH AGENCY	19	62	\$	3,958.49	\$ 63.85	.002	\$ 208.34	\$.11
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00

NURSE MIDWIFE	29	118	\$	10,798.07	\$	91.51	.003	\$	372.35	\$	.30
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$	57.20	\$	.00
FAMILY NURSE PRACTITIONER	107	125	\$	3,199.82	\$	25.60	.004	\$	29.90	\$	.09
@TOTAL HOSPITAL	4,455	20,944	\$	2,738,932.61	\$	130.77	.589	\$	614.80	\$	76.98
HOSP INPATIENT TOTAL	322	1,430		2,192,801.33		1533.43	.040		6809.94		61.63
HSC HOSPITALS	57	472		671,785.07		1423.27	.013		11785.70		18.88
NON-HSC HOSPITAL TOTAL	265	958		1,516,203.35		1582.68	.027		5721.52		42.61
ACCOMMODATIONS	265	958		394,422.30		411.71	.027		1488.39		11.09
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	265	958		394,422.30		411.71	.027		1488.39		11.09
ANCILLARIES	265	0		1,121,781.05		.00	.000		4233.14		31.53
INPATIENT CROSSOVERS	6	0		4,812.91		.00	.000		802.15		.14
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,316	19,514		546,131.28		27.99	.548		126.54		15.35
MEDICAL	751	1,006		43,458.97		43.20	.028		57.87		1.22
SURGERY	448	531		14,560.59		27.42	.015		32.50		.41
PATHOLOGY	1,755	6,255		83,199.74		13.30	.176		47.41		2.34
RADIOLOGY	1,276	1,728		123,475.31		71.46	.049		96.77		3.47
ROOM USE	2,804	3,898		146,939.33		37.70	.110		52.40		4.13
CROSSOVERS/ALL OTH OUTPTNT	1,861	6,096		134,497.34		22.06	.171		72.27		3.78
@COUNTY HOSPITAL TOTAL	11	70	\$	2,184.79	\$	31.21	.002	\$	198.62	\$	.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	70		2,184.79		31.21	.002		198.62		.06
MEDICAL	3	3		167.39		55.80	.000		55.80		.00
SURGERY	4	7		208.37		29.77	.000		52.09		.01
PATHOLOGY	5	22		564.27		25.65	.001		112.85		.02
RADIOLOGY	2	5		122.40		24.48	.000		61.20		.00
ROOM USE	8	16		913.67		57.10	.000		114.21		.03
CROSSOVERS/ALL OTH OUTPTNT	8	17		208.69		12.28	.000		26.09		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,067
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	35,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,447	20,874	\$	2,736,747.82	\$ 131.11	.587	\$ 615.41	\$ 76.92
COMM HOSP INPATIENT TOTAL	322	1,430		2,192,801.33	1533.43	.040	6809.94	61.63
HSC HOSPITALS	57	472		671,785.07	1423.27	.013	11785.70	18.88
NON-HSC HOSPITALS TOTAL	265	958		1,516,203.35	1582.68	.027	5721.52	42.61
ACCOMMODATIONS	265	958		394,422.30	411.71	.027	1488.39	11.09
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	265	958		394,422.30	411.71	.027	1488.39	11.09
ANCILLARIES	265	0		1,121,781.05	.00	.000	4233.14	31.53
INPATIENT CROSSOVERS	6	0		4,812.91	.00	.000	802.15	.14
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	4,308	19,444		543,946.49		27.98	.546	126.26	15.29
MEDICAL	748	1,003		43,291.58		43.16	.028	57.88	1.22
SURGERY	444	524		14,352.22		27.39	.015	32.32	.40
PATHOLOGY	1,750	6,233		82,635.47		13.26	.175	47.22	2.32
RADIOLOGY	1,274	1,723		123,352.91		71.59	.048	96.82	3.47
ROOM USE	2,797	3,882		146,025.66		37.62	.109	52.21	4.10
CROSSEOVERS/ALL OTH OUTPTNT	1,855	6,079		134,288.65		22.09	.171	72.39	3.77
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	88.88	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		88.88		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	8	\$	2,687.96	\$	336.00	.000	\$ 895.99	\$.08
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	3	8		2,687.96		336.00	.000	895.99	.08
@REHABILITATION FACILITY	15	71	\$	4,541.55	\$	63.97	.002	\$ 302.77	\$.13
HOSPITAL BASED	15	71		4,541.55		63.97	.002	302.77	.13
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	719	1,649	\$	28,506.12	\$	17.29	.046	\$ 39.65	\$.80
PATHOLOGY	718	1,648		28,494.72		17.29	.046	39.69	.80
XO AND OTHERS	1	1		11.40		11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	2,580	4,143	\$	413,466.22	\$	99.80	.116	\$ 160.26	\$ 11.62
CLINIC	984	1,659		52,110.01		31.41	.047	52.96	1.46
SURGICENTER	11	61		2,126.84		34.87	.002	193.35	.06
HEROIN DETOX CLINIC	1	7		102.20		14.60	.000	102.20	.00
RURAL HEALTH CLINIC	1,611	2,416		359,127.17		148.65	.068	222.92	10.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,068
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	35,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,543	10,776	\$	126,027.22	\$ 11.70	.303	\$ 81.68	\$ 3.54
DURABLE MED. EQUIP.	51	541		12,065.86	22.30	.015	236.59	.34
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		1,419.78	473.26	.000	473.26	.04
MEDICAL TRANSPORTATION	164	1,795		35,185.14	19.60	.050	214.54	.99
AMBULANCES/AIR TRANS	161	1,777		24,338.90	13.70	.050	151.17	.68
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	12	18		10,846.24	602.57	.001	903.85	.30
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	60		6,300.00	105.00	.002	106.78	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	296	634		5,701.87	8.99	.018	19.26	.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	39	46	3,991.35	86.77	.001	102.34	.11
PROSTHETICS	39	46	3,991.35	86.77	.001	102.34	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	37	3,590.27	97.03	.001	224.39	.10
HOSPICE SERVICES	1	13	1,583.79	121.83	.000	1583.79	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	888	7,296	54,496.11	7.47	.205	61.37	1.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	350	1,666.02	4.76	.010	37.86	.05
@CALIF. CHILDREN SERVICES*	167	2,762	\$ 442,618.14	\$ 160.25	.078	\$ 2650.41	\$ 12.44
@XOVER EXCLUDING STATE HOSP**	121	1,262	\$ 12,612.77	\$ 9.99	.035	\$ 104.24	\$.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,069
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

41,714 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,703	179,264	\$ 9,413,867.64	\$ 52.51	4.297	\$ 414.65	\$ 225.68
@PHYSICIANS SERVICES	8,312	25,204	\$ 911,533.68	\$ 36.17	.604	\$ 109.66	\$ 21.85
OUTPATIENT VISITS	5,721	8,048	302,885.46	37.63	.193	52.94	7.26
OFFICE VISITS	3,885	5,259	159,948.51	30.41	.126	41.17	3.83
HOME VISITS	2	2	164.55	82.28	.000	82.28	.00
EMERGENCY ROOM	2,000	2,476	124,671.15	50.35	.059	62.34	2.99
PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	.00
OB VISITS/COMPRE PERI	116	187	14,361.63	76.80	.004	123.81	.34
OTHER OUTPATIENT	114	122	3,647.40	29.90	.003	31.99	.09
INPATIENT VISITS	368	1,382	82,196.74	59.48	.033	223.36	1.97
HOSPITAL VISITS	351	1,127	51,007.53	45.26	.027	145.32	1.22
CRITICAL CARE	35	250	31,007.11	124.03	.006	885.92	.74
SNF/ICF/TRANS IP CARE	4	5	182.10	36.42	.000	45.53	.00
OPHTHALMOLOGICAL SERVICES	104	125	5,363.09	42.90	.003	51.57	.13
EXAMINATIONS	103	124	5,327.80	42.97	.003	51.73	.13
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	370	2,486	181,291.99	72.93	.060	489.98	4.35
PRINCIPAL SURGEON	252	316	147,863.17	467.92	.008	586.76	3.54
ASSISTANT SURGEON	35	35	5,782.12	165.20	.001	165.20	.14
ANESTHESIOLOGIST	135	2,135	27,646.70	12.95	.051	204.79	.66
OUTPATIENT SURGERY	737	2,634	108,004.30	41.00	.063	146.55	2.59
PRINCIPAL SURGEON	662	824	91,925.44	111.56	.020	138.86	2.20
ASSISTANT SURGEON	3	3	251.93	83.98	.000	83.98	.01
ANESTHESIOLOGIST	119	1,807	15,826.93	8.76	.043	133.00	.38
DIALYSIS	11	44	2,416.28	54.92	.001	219.66	.06
PATHOLOGY	720	1,308	21,999.46	16.82	.031	30.55	.53
RADIOLOGY	1,712	2,867	87,407.05	30.49	.069	51.06	2.10
PSYCHIATRY	9	9	659.61	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	209	519	33,253.12	64.07	.012	159.11	.80
OTHER SERVICES/ALL X-OVERS	1,564	5,782	86,056.58	14.88	.139	55.02	2.06
@PHARMACY	12,067	67,336	\$ 3,491,866.78	\$ 51.86	1.614	\$ 289.37	\$ 83.71
PRESCRIPTION DRUGS	11,952	37,284	3,456,025.35	92.69	.894	289.16	82.85

SNF/ICF	151	1,013	60,715.81	59.94	.024	402.09	1.46
OUTPATIENTS	11,820	36,271	3,395,309.54	93.61	.870	287.25	81.39
MEDICAL SUPPLIES	417	30,052	35,841.43	1.19	.720	85.95	.86
@DENTIST	1,590	6,863	\$ 244,678.20	\$ 35.65	.165	\$ 153.89	\$ 5.87
VISITS - DIAGNOSTIC	1,093	4,104	69,893.70	17.03	.098	63.95	1.68
ORAL SURGERY	236	615	35,964.50	58.48	.015	152.39	.86
DRUGS	57	68	1,440.00	21.18	.002	25.26	.03
ANESTHESIA	2	4	300.00	75.00	.000	150.00	.01
PERIODONTICS	15	15	1,433.00	95.53	.000	95.53	.03
ENDODONTICS	107	195	27,497.00	141.01	.005	256.98	.66
RESTORATIVE DENTISTRY	586	1,522	82,249.60	54.04	.036	140.36	1.97
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	59	197	21,407.40	108.67	.005	362.84	.51
SPACE MAINTAINERS	14	19	1,720.00	90.53	.000	122.86	.04
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	40	2,080.00	52.00	.001	53.33	.05
ALL OTHER SERVICES	57	79	525.00	6.65	.002	9.21	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,070
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

41,714 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	443	1,305	\$ 28,862.05	\$ 22.12	.031	\$ 65.15	\$.69
DIAGNOSTIC AND ANC. PROCED	307	318	13,733.78	43.19	.008	44.74	.33
EYE APPLIANCES	336	959	14,603.00	15.23	.023	43.46	.35
OTHER OPTOMETRIC SERVICES	19	28	525.27	18.76	.001	27.65	.01
@CHIROPRACTOR	227	350	\$ 5,705.21	\$ 16.30	.008	\$ 25.13	\$.14
VISITS	223	342	5,576.12	16.30	.008	25.01	.13
OTHER SERVICES	4	8	129.09	16.14	.000	32.27	.00
@PODIATRIST	103	147	\$ 3,306.56	\$ 22.49	.004	\$ 32.10	\$.08

MEDICINE/INJECTIONS	48	54		1,696.27	31.41	.001	35.34	.04
SURGERY/ANES.	6	6		464.37	77.40	.000	77.40	.01
RADIO./PATHOLOGY	6	7		132.78	18.97	.000	22.13	.00
OTHER	55	80		1,013.14	12.66	.002	18.42	.02
@HOME HEALTH AGENCY	33	166	\$	9,507.88	\$ 57.28	.004	\$ 288.12	\$.23
NURSE ANESTHESIST	1	24	\$	65.11	\$ 2.71	.001	\$ 65.11	\$.00
NURSE MIDWIFE	29	118	\$	10,798.07	\$ 91.51	.003	\$ 372.35	\$.26
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	112	131	\$	3,286.12	\$ 25.08	.003	\$ 29.34	\$.08
@TOTAL HOSPITAL	5,305	25,371	\$	3,399,787.11	\$ 134.00	.608	\$ 640.86	\$ 81.50
HOSP INPATIENT TOTAL	440	1,771		2,713,181.84	1532.01	.042	6166.32	65.04
HSC HOSPITALS	76	675		932,654.07	1381.71	.016	12271.76	22.36
NON-HSC HOSPITAL TOTAL	296	1,096		1,719,354.31	1568.75	.026	5808.63	41.22
ACCOMMODATIONS	296	1,096		493,572.46	450.34	.026	1667.47	11.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	296	1,096		493,572.46	450.34	.026	1667.47	11.83
ANCILLARIES	296	0		1,225,781.85	.00	.000	4141.15	29.39
INPATIENT CROSSOVERS	76	0		61,173.46	.00	.000	804.91	1.47
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,076	23,600		686,605.27	29.09	.566	135.27	16.46
MEDICAL	824	1,144		49,115.92	42.93	.027	59.61	1.18
SURGERY	485	571		16,423.58	28.76	.014	33.86	.39
PATHOLOGY	1,982	7,364		95,290.80	12.94	.177	48.08	2.28
RADIOLOGY	1,394	2,009		146,493.95	72.92	.048	105.09	3.51
ROOM USE	2,951	4,130		157,291.69	38.09	.099	53.30	3.77
CROSSOVERS/ALL OTH OUTPTNT	2,369	8,382		221,989.33	26.48	.201	93.71	5.32
@COUNTY HOSPITAL TOTAL	18	155	\$	107,682.60	\$ 694.73	.004	\$ 5982.37	\$ 2.58
CO HOSPITAL INPATIENT TOTAL	3	78		104,947.94	1345.49	.002	34982.65	2.52
HSC HOSPITALS	3	77		104,104.00	1352.00	.002	34701.33	2.50
NON-HSC HOSPITALS TOTAL	1	1		843.94	843.94	.000	843.94	.02
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		231.30	231.30	.000	231.30	.01
ANCILLARIES	1	0		612.64	.00	.000	612.64	.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	77		2,734.66	35.52	.002	182.31	.07
MEDICAL	4	4		213.93	53.48	.000	53.48	.01
SURGERY	5	9		333.77	37.09	.000	66.75	.01
PATHOLOGY	5	22		564.27	25.65	.001	112.85	.01
RADIOLOGY	4	7		427.76	61.11	.000	106.94	.01
ROOM USE	10	18		986.24	54.79	.000	98.62	.02
CROSSOVERS/ALL OTH OUTPTNT	8	17		208.69	12.28	.000	26.09	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,071
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
41,714 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,290	25,216	\$ 3,292,104.51	\$ 130.56	.604	\$ 622.33	\$ 78.92
COMM HOSP INPATIENT TOTAL	437	1,693	2,608,233.90	1540.60	.041	5968.50	62.53
HSC HOSPITALS	73	598	828,550.07	1385.54	.014	11350.00	19.86
NON-HSC HOSPITALS TOTAL	295	1,095	1,718,510.37	1569.42	.026	5825.46	41.20
ACCOMMODATIONS	295	1,095	493,341.16	450.54	.026	1672.34	11.83

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	295	1,095	493,341.16	450.54	.026	1672.34	11.83
ANCILLARIES	295	0	1,225,169.21	.00	.000	4153.12	29.37
INPATIENT CROSSOVERS	76	0	61,173.46	.00	.000	804.91	1.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,064	23,523	683,870.61	29.07	.564	135.05	16.39
MEDICAL	820	1,140	48,901.99	42.90	.027	59.64	1.17
SURGERY	480	562	16,089.81	28.63	.013	33.52	.39
PATHOLOGY	1,977	7,342	94,726.53	12.90	.176	47.91	2.27
RADIOLOGY	1,390	2,002	146,066.19	72.96	.048	105.08	3.50
ROOM USE	2,942	4,112	156,305.45	38.01	.099	53.13	3.75
CROSSOVERS/ALL OTH OUTPTNT	2,363	8,365	221,780.64	26.51	.201	93.86	5.32
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	122	2,577	346,147.61	134.32	.062	2837.28	8.30
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	122	2,577	346,147.61	134.32	.062	2837.28	8.30
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	47	980	52,960.50	54.04	.023	1126.82	1.27
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	47	980	52,960.50	54.04	.023	1126.82	1.27
@REHABILITATION FACILITY	22	156	5,914.66	37.91	.004	268.85	.14
HOSPITAL BASED	16	74	4,609.89	62.30	.002	288.12	.11
INDEPENDENT FACILITY	6	82	1,304.77	15.91	.002	217.46	.03
@LABORATORY FACILITY	767	1,838	30,959.57	16.84	.044	40.36	.74
PATHOLOGY	759	1,818	30,775.38	16.93	.044	40.55	.74
XO AND OTHERS	8	20	184.19	9.21	.000	23.02	.00
@ORGANIZED OUTPATIENT CLINIC	3,025	4,892	495,979.15	101.39	.117	163.96	11.89
CLINIC	1,031	1,735	54,605.60	31.47	.042	52.96	1.31
SURGICENTER	14	74	2,287.92	30.92	.002	163.42	.05
HEROIN DETOX CLINIC	1	7	102.20	14.60	.000	102.20	.00
RURAL HEALTH CLINIC	2,006	3,076	438,983.43	142.71	.074	218.84	10.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

----- MONTHLY AVERAGE -----							
41,714 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,272	41,805	\$ 372,452.18	\$ 8.91	1.002	\$ 163.93	\$ 8.93
DURABLE MED. EQUIP.	76	643	27,491.08	42.75	.015	361.72	.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	23	23	9,844.30	428.01	.001	428.01	.24
MEDICAL TRANSPORTATION	208	2,313	42,419.95	18.34	.055	203.94	1.02
AMBULANCES/AIR TRANS	197	2,238	29,574.15	13.21	.054	150.12	.71
OTHER TRANS	4	42	178.42	4.25	.001	44.61	.00
OTHER SERVICES	17	33	12,667.38	383.86	.001	745.14	.30
ACUPUNCTURE	2	2	54.06	27.03	.000	27.03	.00

ADULT DAY HEALTH CARE CTR	72	859	59,769.22	69.58	.021	830.13	1.43
GENETIC DISEASE TESTING	59	60	6,300.00	105.00	.001	106.78	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	43	1,386	57,710.83	41.64	.033	1342.11	1.38
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	402	876	8,637.91	9.86	.021	21.49	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	10	7.37	.74	.000	1.05	.00
PROSTHETIST/ORTHOTISTS	48	66	6,379.37	96.66	.002	132.90	.15
PROSTHETICS	48	66	6,379.37	96.66	.002	132.90	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	51	5,892.74	115.54	.001	226.64	.14
HOSPICE SERVICES	15	327	37,534.14	114.78	.008	2502.28	.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	961	26,472	94,552.38	3.57	.635	98.39	2.27
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	382	8,717	15,858.83	1.82	.209	41.52	.38
@CALIF. CHILDREN SERVICES*	185	2,903	\$ 451,056.48	\$ 155.38	.070	\$ 2438.14	\$ 10.81
@XOVER EXCLUDING STATE HOSP**	1,453	7,817	\$ 194,431.50	\$ 24.87	.187	\$ 133.81	\$ 4.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,073
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	114	1,550	\$ 134,786.01	\$ 86.96	20.395	\$ 1182.33	\$ 1773.50
@PHYSICIANS SERVICES	29	510	\$ 5,411.45	\$ 10.61	6.711	\$ 186.60	\$ 71.20
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	4	153.55	38.39	.053	153.55	2.02
HOSPITAL VISITS	1	4	153.55	38.39	.053	153.55	2.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	8.20	8.20	.013	8.20	.11
OTHER SERVICES/ALL X-OVERS	27	505	5,249.70	10.40	6.645	194.43	69.08
@PHARMACY	41	306	\$ 30,700.62	\$ 100.33	4.026	\$ 748.80	\$ 403.96
PRESCRIPTION DRUGS	40	302	30,516.07	101.05	3.974	762.90	401.53
SNF/ICF	19	149	9,608.38	64.49	1.961	505.70	126.43
OUTPATIENTS	25	153	20,907.69	136.65	2.013	836.31	275.10
MEDICAL SUPPLIES	3	4	184.55	46.14	.053	61.52	2.43
@DENTIST	2	8	\$ 1,249.00	\$ 156.13	.105	\$ 624.50	\$ 16.43
VISITS - DIAGNOSTIC	0	3CR	35.00	11.67CR	.039CR	.00	.46
ORAL SURGERY	1	1	.00	.00	.013	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	4	133.00	33.25	.053	133.00	1.75
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	3	1,081.00	360.33	.039	1081.00	14.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3	.00	.00	.039	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOPO24	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
				AID CODE 17 1Y			

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76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 9.16	\$ 4.58	.026	\$ 4.58	\$.12
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	9.16	4.58	.026	4.58	.12
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	94	\$ 26,580.97	\$ 282.78	1.237	\$ 949.32	\$ 349.75
HOSP INPATIENT TOTAL	10	7	23,867.68	3409.67	.092	2386.77	314.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	7	16,944.76	2420.68	.092	16944.76	222.96
ACCOMMODATIONS	1	7	2,980.10	425.73	.092	2980.10	39.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7	2,980.10	425.73	.092	2980.10	39.21
ANCILLARIES	1	0	13,964.66	.00	.000	13964.66	183.75

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,075
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED	AID CODE 17 1Y

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	94	\$	26,580.97	\$ 282.78	1.237	\$ 949.32	\$ 349.75
COMM HOSP INPATIENT TOTAL	10	7		23,867.68	3409.67	.092	2386.77	314.05
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	7		16,944.76	2420.68	.092	16944.76	222.96
ACCOMMODATIONS	1	7		2,980.10	425.73	.092	2980.10	39.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7		2,980.10	425.73	.092	2980.10	39.21
ANCILLARIES	1	0		13,964.66	.00	.000	13964.66	183.75
INPATIENT CROSSOVERS	9	0		6,922.92	.00	.000	769.21	91.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	87		2,713.29	31.19	1.145	142.80	35.70
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		12.88	6.44	.026	12.88	.17
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	85		2,700.41	31.77	1.118	150.02	35.53
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	26	542	\$	63,802.34	\$ 117.72	7.132	\$ 2453.94	\$ 839.50
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	81		8,645.57	106.74	1.066	8645.57	113.76
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	25	461		55,156.77	119.65	6.066	2206.27	725.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	197.00	\$ 197.00	.013	\$ 197.00	\$ 2.59
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		197.00	197.00	.013	197.00	2.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
				AID CODE 17 1Y				
				----- MONTHLY AVERAGE -----				
76 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	17	87	\$ 6,835.47	\$ 78.57	1.145	\$ 402.09	\$ 89.94	
DURABLE MED. EQUIP.	1	1	98.67	98.67	.013	98.67	1.30	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	1	1	1,369.78	1369.78	.013	1369.78	18.02
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	61	4,244.38	69.58	.803	848.88	55.85
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	8	908.96	113.62	.105	908.96	11.96
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	16	213.68	13.36	.211	23.74	2.81
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	65	608	25,583.87	42.08	8.000	393.60	336.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,077

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY

SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,078
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,079
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00		.00
LEV B-REHAB MD	0	0		.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00
LEV B-REGULAR	0	0		.00		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.00
ICF DD	0	0		.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00
XO AND OTHERS	0	0		.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$	.00
CLINIC	0	0		.00		.00		.00
SURGICENTER	0	0		.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,080
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 9,081
03/14/05

193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	279	3,683	\$ 428,297.67	\$ 116.29	19.083	\$ 1535.12	\$ 2219.16
@PHYSICIANS SERVICES	104	552	\$ 25,022.54	\$ 45.33	2.860	\$ 240.60	\$ 129.65
OUTPATIENT VISITS	46	115	4,588.19	39.90	.596	99.74	23.77
OFFICE VISITS	28	70	1,392.19	19.89	.363	49.72	7.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	18	42	3,127.60	74.47	.218	173.76	16.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	68.40	22.80	.016	22.80	.35
INPATIENT VISITS	18	76	3,750.74	49.35	.394	208.37	19.43
HOSPITAL VISITS	17	73	3,448.64	47.24	.378	202.86	17.87
CRITICAL CARE	2	3	302.10	100.70	.016	151.05	1.57
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	71		7,457.48	105.03	.368	1065.35	38.64
PRINCIPAL SURGEON	5	15		6,031.26	402.08	.078	1206.25	31.25
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	56		1,426.22	25.47	.290	475.41	7.39
OUTPATIENT SURGERY	9	12		1,205.49	100.46	.062	133.94	6.25
PRINCIPAL SURGEON	9	12		1,205.49	100.46	.062	133.94	6.25
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	1	14		312.64	22.33	.073	312.64	1.62
PATHOLOGY	19	75		948.95	12.65	.389	49.94	4.92
RADIOLOGY	37	110		4,300.28	39.09	.570	116.22	22.28
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	15		25.00	1.67	.078	3.57	.13
OTHER SERVICES/ALL X-OVERS	45	64		2,433.77	38.03	.332	54.08	12.61
@PHARMACY	151	1,467	\$	131,041.48	\$ 89.33	7.601	\$ 867.82	\$ 678.97
PRESCRIPTION DRUGS	147	738		128,977.68	174.77	3.824	877.40	668.28
SNF/ICF	14	105		27,457.29	261.50	.544	1961.24	142.27
OUTPATIENTS	134	633		101,520.39	160.38	3.280	757.61	526.01
MEDICAL SUPPLIES	13	729		2,063.80	2.83	3.777	158.75	10.69
@DENTIST	15	32	\$	1,541.24	\$ 48.16	.166	\$ 102.75	\$ 7.99
VISITS - DIAGNOSTIC	9	20		274.00	13.70	.104	30.44	1.42
ORAL SURGERY	2	2		81.00	40.50	.010	40.50	.42
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		.00	.00	.005	.00	.00
ENDODONTICS	1	1		260.00	260.00	.005	260.00	1.35
RESTORATIVE DENTISTRY	5	7		896.24	128.03	.036	179.25	4.64
PROSTHETICS	1	1		30.00	30.00	.005	30.00	.16
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,082
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	13	\$ 192.71	\$ 14.82	.067	\$ 48.18	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	13	192.71	14.82	.067	48.18	1.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	88	719	\$	224,571.83	\$	312.34	3.725	\$	2551.95	\$	1163.58
HOSP INPATIENT TOTAL	28	128		208,306.97		1627.40	.663		7439.53		1079.31
HSC HOSPITALS	9	73		93,282.00		1277.84	.378		10364.67		483.33
NON-HSC HOSPITAL TOTAL	17	55		110,589.97		2010.73	.285		6505.29		573.01
ACCOMMODATIONS	17	55		30,090.52		547.10	.285		1770.03		155.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	17	55		30,090.52		547.10	.285		1770.03		155.91
ANCILLARIES	17	0		80,499.45		.00	.000		4735.26		417.10
INPATIENT CROSSOVERS	4	0		4,435.00		.00	.000		1108.75		22.98
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	70	591		16,264.86		27.52	3.062		232.36		84.27
MEDICAL	15	40		3,516.96		87.92	.207		234.46		18.22
SURGERY	3	5		80.29		16.06	.026		26.76		.42
PATHOLOGY	31	170		1,680.20		9.88	.881		54.20		8.71
RADIOLOGY	25	32		3,936.36		123.01	.166		157.45		20.40
ROOM USE	26	69		2,607.12		37.78	.358		100.27		13.51
CROSSOVERS/ALL OTH OUTPTNT	45	275		4,443.93		16.16	1.425		98.75		23.03
@COUNTY HOSPITAL TOTAL	1	38	\$	51,376.00	\$	1352.00	.197	\$	51376.00	\$	266.20
CO HOSPITAL INPATIENT TOTAL	1	38		51,376.00		1352.00	.197		51376.00		266.20
HSC HOSPITALS	1	38		51,376.00		1352.00	.197		51376.00		266.20
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,083
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	87	681	\$ 173,195.83	\$ 254.33	3.528	\$ 1990.76	\$ 897.39
COMM HOSP INPATIENT TOTAL	27	90	156,930.97	1743.68	.466	5812.26	813.11
HSC HOSPITALS	8	35	41,906.00	1197.31	.181	5238.25	217.13
NON-HSC HOSPITALS TOTAL	17	55	110,589.97	2010.73	.285	6505.29	573.01
ACCOMMODATIONS	17	55	30,090.52	547.10	.285	1770.03	155.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	55	30,090.52	547.10	.285	1770.03	155.91
ANCILLARIES	17	0	80,499.45	.00	.000	4735.26	417.10
INPATIENT CROSSOVERS	4	0	4,435.00	.00	.000	1108.75	22.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	70	591		16,264.86		27.52	3.062	232.36	84.27
MEDICAL	15	40		3,516.96		87.92	.207	234.46	18.22
SURGERY	3	5		80.29		16.06	.026	26.76	.42
PATHOLOGY	31	170		1,680.20		9.88	.881	54.20	8.71
RADIOLOGY	25	32		3,936.36		123.01	.166	157.45	20.40
ROOM USE	26	69		2,607.12		37.78	.358	100.27	13.51
CROSSOVERS/ALL OTH OUTPTNT	45	275		4,443.93		16.16	1.425	98.75	23.03
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	9	304	\$	30,019.63	\$	98.75	1.575	\$ 3335.51	\$ 155.54
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	9	304		30,019.63		98.75	1.575	3335.51	155.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	9	\$	1,079.79	\$	119.98	.047	\$ 1079.79	\$ 5.59
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	9		1,079.79		119.98	.047	1079.79	5.59
@REHABILITATION FACILITY	1	1	\$	64.69	\$	64.69	.005	\$ 64.69	\$.34
HOSPITAL BASED	1	1		64.69		64.69	.005	64.69	.34
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	34	\$	3,117.45	\$	91.69	.176	\$ 207.83	\$ 16.15
CLINIC	1	1		37.29		37.29	.005	37.29	.19
SURGICENTER	4	17		838.23		49.31	.088	209.56	4.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	11	16		2,241.93		140.12	.083	203.81	11.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,084
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	552	\$	11,646.31	\$ 21.10	2.860	\$ 342.54	\$ 60.34
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	392		3,420.12	8.72	2.031	285.01	17.72
AMBULANCES/AIR TRANS	12	392		3,420.12	8.72	2.031	285.01	17.72
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	36		4,601.45	127.82	.187	575.18	23.84
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	8		66.56	8.32	.041	33.28	.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	8	28.89	3.61	.041	28.89	.15
PROSTHETICS	1	8	28.89	3.61	.041	28.89	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	21	2,434.43	115.93	.109	1217.22	12.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	87	1,094.86	12.58	.451	109.49	5.67
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	55	725	\$ 9,796.28	\$ 13.51	3.756	\$ 178.11	\$ 50.76

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,085
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	266	2,044	\$ 273,352.02	\$ 133.73	10.646	\$ 1027.64	\$ 1423.71
@PHYSICIANS SERVICES	148	664	\$ 36,436.48	\$ 54.87	3.458	\$ 246.19	\$ 189.77
OUTPATIENT VISITS	77	152	5,167.82	34.00	.792	67.11	26.92
OFFICE VISITS	50	112	2,473.36	22.08	.583	49.47	12.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	30	38	2,629.50	69.20	.198	87.65	13.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	2	2		64.96	32.48	.010	32.48	.34
INPATIENT VISITS	17	55		3,521.91	64.03	.286	207.17	18.34
HOSPITAL VISITS	14	40		1,948.71	48.72	.208	139.19	10.15
CRITICAL CARE	4	15		1,573.20	104.88	.078	393.30	8.19
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2		61.48	30.74	.010	61.48	.32
EXAMINATIONS	1	2		61.48	30.74	.010	61.48	.32
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	17	109		10,503.32	96.36	.568	617.84	54.70
PRINCIPAL SURGEON	11	16		7,539.01	471.19	.083	685.36	39.27
ASSISTANT SURGEON	2	2		749.06	374.53	.010	374.53	3.90
ANESTHESIOLOGIST	8	91		2,215.25	24.34	.474	276.91	11.54
OUTPATIENT SURGERY	16	50		3,642.77	72.86	.260	227.67	18.97
PRINCIPAL SURGEON	15	24		3,088.67	128.69	.125	205.91	16.09
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	26		554.10	21.31	.135	184.70	2.89
DIALYSIS	1	13		162.11	12.47	.068	162.11	.84
PATHOLOGY	25	73		1,370.14	18.77	.380	54.81	7.14
RADIOLOGY	48	133		6,586.92	49.53	.693	137.23	34.31
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5		1,724.48	344.90	.026	574.83	8.98
OTHER SERVICES/ALL X-OVERS	32	72		3,695.53	51.33	.375	115.49	19.25
@PHARMACY	36	76	\$	12,167.18	\$ 160.09	.396	\$ 337.98	\$ 63.37
PRESCRIPTION DRUGS	36	76		12,167.18	160.09	.396	337.98	63.37
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	36	76		12,167.18	160.09	.396	337.98	63.37
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	11	77	\$	997.00	\$ 12.95	.401	\$ 90.64	\$ 5.19
VISITS - DIAGNOSTIC	7	48		219.00	4.56	.250	31.29	1.14
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	8		.00	.00	.042	.00	.00
ENDODONTICS	1	1		.00	.00	.005	.00	.00
RESTORATIVE DENTISTRY	4	20		778.00	38.90	.104	194.50	4.05
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,086
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37							

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	7	24	\$ 469.21	\$ 19.55	.125	\$ 67.03	\$ 2.44
DIAGNOSTIC AND ANC. PROCED	4	4	170.79	42.70	.021	42.70	.89
EYE APPLIANCES	6	20	298.42	14.92	.104	49.74	1.55
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.005	\$ 24.00	\$.13
@TOTAL HOSPITAL	109	984	\$ 210,296.58	\$ 213.72	5.125	\$ 1929.33	\$ 1095.29
HOSP INPATIENT TOTAL	21	76	141,875.27	1866.78	.396	6755.97	738.93
HSC HOSPITALS	5	31	35,776.00	1154.06	.161	7155.20	186.33
NON-HSC HOSPITAL TOTAL	18	45	106,099.27	2357.76	.234	5894.40	552.60
ACCOMMODATIONS	18	45	20,322.49	451.61	.234	1129.03	105.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	45	20,322.49	451.61	.234	1129.03	105.85
ANCILLARIES	18	0	85,776.78	.00	.000	4765.38	446.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	95	908	68,421.31	75.35	4.729	720.22	356.36
MEDICAL	28	42	939.78	22.38	.219	33.56	4.89
SURGERY	13	15	177.20	11.81	.078	13.63	.92
PATHOLOGY	51	241	2,786.86	11.56	1.255	54.64	14.51
RADIOLOGY	50	161	14,190.15	88.14	.839	283.80	73.91
ROOM USE	66	125	4,197.75	33.58	.651	63.60	21.86
CROSSOVERS/ALL OTH OUTPTNT	50	324	46,129.57	142.38	1.688	922.59	240.26
@COUNTY HOSPITAL TOTAL	2	6	\$ 141.09	\$ 23.52	.031	\$ 70.55	\$.73
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	141.09	23.52	.031	70.55	.73
MEDICAL	1	1	21.28	21.28	.005	21.28	.11
SURGERY	1	2	34.06	17.03	.010	34.06	.18
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	85.75	42.88	.010	85.75	.45
CROSSOVERS/ALL OTH OUTPTNT	1	1	.00	.00	.005	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,087
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	107	978	\$ 210,155.49	\$ 214.88	5.094	\$ 1964.07	\$ 1094.56	
COMM HOSP INPATIENT TOTAL	21	76	141,875.27	1866.78	.396	6755.97	738.93	
HSC HOSPITALS	5	31	35,776.00	1154.06	.161	7155.20	186.33	
NON-HSC HOSPITALS TOTAL	18	45	106,099.27	2357.76	.234	5894.40	552.60	
ACCOMMODATIONS	18	45	20,322.49	451.61	.234	1129.03	105.85	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	45	20,322.49	451.61	.234	1129.03	105.85
ANCILLARIES	18	0	85,776.78	.00	.000	4765.38	446.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	93	902	68,280.22	75.70	4.698	734.20	355.63
MEDICAL	27	41	918.50	22.40	.214	34.02	4.78
SURGERY	12	13	143.14	11.01	.068	11.93	.75
PATHOLOGY	51	241	2,786.86	11.56	1.255	54.64	14.51
RADIOLOGY	50	161	14,190.15	88.14	.839	283.80	73.91
ROOM USE	65	123	4,112.00	33.43	.641	63.26	21.42
CROSSOVERS/ALL OTH OUTPTNT	49	323	46,129.57	142.82	1.682	941.42	240.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	19	\$ 3,209.21	\$ 168.91	.099	\$ 802.30	\$ 16.71
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	19	3,209.21	168.91	.099	802.30	16.71
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	23	\$ 274.56	\$ 11.94	.120	\$ 45.76	\$ 1.43
PATHOLOGY	6	23	274.56	11.94	.120	45.76	1.43
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21	43	\$ 7,695.60	\$ 178.97	.224	\$ 366.46	\$ 40.08
CLINIC	4	4	148.94	37.24	.021	37.24	.78
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	17	39	7,546.66	193.50	.203	443.92	39.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,088
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	133	\$	1,782.20	\$ 13.40	.693	\$ 99.01	\$ 9.28
DURABLE MED. EQUIP.	4	11		520.28	47.30	.057	130.07	2.71
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	103		1,061.75	10.31	.536	117.97	5.53
AMBULANCES/AIR TRANS	9	103		1,061.75	10.31	.536	117.97	5.53
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	16	161.44	10.09	.083	26.91	.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	38.73	12.91	.016	38.73	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 67.34	\$ 67.34	.005	\$ 67.34	\$.35
@XOVER EXCLUDING STATE HOSP**	3	5	\$ 1,189.91	\$ 237.98	.026	\$ 396.64	\$ 6.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,089
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

461 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	659	7,277	\$ 836,435.70	\$ 114.94	15.785 \$ 1269.25 \$ 1814.39
@PHYSICIANS SERVICES	281	1,726	\$ 66,870.47	\$ 38.74	3.744 \$ 237.97 \$ 145.06
OUTPATIENT VISITS	123	267	9,756.01	36.54	.579 79.32 21.16
OFFICE VISITS	78	182	3,865.55	21.24	.395 49.56 8.39
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	48	80	5,757.10	71.96	.174 119.94 12.49
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	5	5	133.36	26.67	.011 26.67 .29
INPATIENT VISITS	36	135	7,426.20	55.01	.293 206.28 16.11
HOSPITAL VISITS	32	117	5,550.90	47.44	.254 173.47 12.04
CRITICAL CARE	6	18	1,875.30	104.18	.039 312.55 4.07
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	1	2	61.48	30.74	.004 61.48 .13
EXAMINATIONS	1	2	61.48	30.74	.004 61.48 .13
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	24	180	17,960.80	99.78	.390 748.37 38.96
PRINCIPAL SURGEON	16	31	13,570.27	437.75	.067 848.14 29.44
ASSISTANT SURGEON	2	2	749.06	374.53	.004 374.53 1.62
ANESTHESIOLOGIST	11	147	3,641.47	24.77	.319 331.04 7.90
OUTPATIENT SURGERY	25	62	4,848.26	78.20	.134 193.93 10.52
PRINCIPAL SURGEON	24	36	4,294.16	119.28	.078 178.92 9.31
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	3	26	554.10	21.31	.056 184.70 1.20
DIALYSIS	2	27	474.75	17.58	.059 237.38 1.03
PATHOLOGY	44	148	2,319.09	15.67	.321 52.71 5.03

RADIOLOGY	85	243		10,887.20	44.80	.527	128.08	23.62	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	11	21		1,757.68	83.70	.046	159.79	3.81	
OTHER SERVICES/ALL X-OVERS	104	641		11,379.00	17.75	1.390	109.41	24.68	
@PHARMACY	228	1,849	\$	173,909.28	\$ 94.06	4.011	\$ 762.76	\$ 377.24	
PRESCRIPTION DRUGS	223	1,116		171,660.93	153.82	2.421	769.78	372.37	
SNF/ICF	33	254		37,065.67	145.93	.551	1123.20	80.40	
OUTPATIENTS	195	862		134,595.26	156.14	1.870	690.23	291.96	
MEDICAL SUPPLIES	16	733		2,248.35	3.07	1.590	140.52	4.88	
@DENTIST	28	117	\$	3,787.24	\$ 32.37	.254	\$ 135.26	\$ 8.22	
VISITS - DIAGNOSTIC	16	65		528.00	8.12	.141	33.00	1.15	
ORAL SURGERY	3	3		81.00	27.00	.007	27.00	.18	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	3	9		.00	.00	.020	.00	.00	
ENDODONTICS	2	2		260.00	130.00	.004	130.00	.56	
RESTORATIVE DENTISTRY	10	31		1,807.24	58.30	.067	180.72	3.92	
PROSTHETICS	1	1		30.00	30.00	.002	30.00	.07	
DENTURES, STAYPLATES	1	3		1,081.00	360.33	.007	1081.00	2.34	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	3		.00	.00	.007	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,090
MOPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	461 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	37	\$	661.92	\$ 17.89	.080	\$ 60.17	\$ 1.44
DIAGNOSTIC AND ANC. PROCED	4	4		170.79	42.70	.009	42.70	.37

EYE APPLIANCES	10	33		491.13	14.88	.072	49.11	1.07
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	9.16	\$ 4.58	.004	\$ 4.58	\$.02
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	2		9.16	4.58	.004	4.58	.02
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$ 24.00	.002	\$ 24.00	\$.05
@TOTAL HOSPITAL	225	1,797	\$	461,449.38	\$ 256.79	3.898	\$ 2050.89	\$ 1000.97
HOSP INPATIENT TOTAL	59	211		374,049.92	1772.75	.458	6339.83	811.39
HSC HOSPITALS	14	104		129,058.00	1240.94	.226	9218.43	279.95
NON-HSC HOSPITAL TOTAL	36	107		233,634.00	2183.50	.232	6489.83	506.80
ACCOMMODATIONS	36	107		53,393.11	499.00	.232	1483.14	115.82
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	107		53,393.11	499.00	.232	1483.14	115.82
ANCILLARIES	36	0		180,240.89	.00	.000	5006.69	390.98
INPATIENT CROSSOVERS	13	0		11,357.92	.00	.000	873.69	24.64
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	184	1,586		87,399.46	55.11	3.440	475.00	189.59
MEDICAL	43	82		4,456.74	54.35	.178	103.65	9.67
SURGERY	16	20		257.49	12.87	.043	16.09	.56
PATHOLOGY	83	413		4,479.94	10.85	.896	53.98	9.72
RADIOLOGY	75	193		18,126.51	93.92	.419	241.69	39.32
ROOM USE	92	194		6,804.87	35.08	.421	73.97	14.76
CROSSOVERS/ALL OTH OUTPTNT	113	684		53,273.91	77.89	1.484	471.45	115.56
@COUNTY HOSPITAL TOTAL	3	44	\$	51,517.09	\$ 1170.84	.095	\$ 17172.36	\$ 111.75
CO HOSPITAL INPATIENT TOTAL	1	38		51,376.00	1352.00	.082	51376.00	111.44
HSC HOSPITALS	1	38		51,376.00	1352.00	.082	51376.00	111.44
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6		141.09	23.52	.013	70.55	.31
MEDICAL	1	1		21.28	21.28	.002	21.28	.05
SURGERY	1	2		34.06	17.03	.004	34.06	.07
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		85.75	42.88	.004	85.75	.19
CROSSOVERS/ALL OTH OUTPTNT	1	1		.00	.00	.002	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

461 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	222	1,753	\$	409,932.29	\$ 233.85	3.803	\$ 1846.54	\$ 889.22
COMM HOSP INPATIENT TOTAL	58	173		322,673.92	1865.17	.375	5563.34	699.94
HSC HOSPITALS	13	66		77,682.00	1177.00	.143	5975.54	168.51
NON-HSC HOSPITALS TOTAL	36	107		233,634.00	2183.50	.232	6489.83	506.80
ACCOMMODATIONS	36	107		53,393.11	499.00	.232	1483.14	115.82
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	107		53,393.11	499.00	.232	1483.14	115.82
ANCILLARIES	36	0		180,240.89	.00	.000	5006.69	390.98
INPATIENT CROSSOVERS	13	0		11,357.92	.00	.000	873.69	24.64
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	182	1,580		87,258.37	55.23	3.427	479.44	189.28
MEDICAL	42	81		4,435.46	54.76	.176	105.61	9.62
SURGERY	15	18		223.43	12.41	.039	14.90	.48
PATHOLOGY	83	413		4,479.94	10.85	.896	53.98	9.72
RADIOLOGY	75	193		18,126.51	93.92	.419	241.69	39.32
ROOM USE	91	192		6,719.12	35.00	.416	73.84	14.58
CROSSOVERS/ALL OTH OUTPTNT	112	683		53,273.91	78.00	1.482	475.66	115.56
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	35	846	\$	93,821.97	\$ 110.90	1.835	\$ 2680.63	\$ 203.52
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	81		8,645.57	106.74	.176	8645.57	18.75
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	34	765		85,176.40	111.34	1.659	2505.19	184.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	28	\$	4,289.00	\$ 153.18	.061	\$ 857.80	\$ 9.30
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	28		4,289.00	153.18	.061	857.80	9.30
@REHABILITATION FACILITY	1	1	\$	64.69	\$ 64.69	.002	\$ 64.69	\$.14
HOSPITAL BASED	1	1		64.69	64.69	.002	64.69	.14
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	23	\$	274.56	\$ 11.94	.050	\$ 45.76	\$.60
PATHOLOGY	6	23		274.56	11.94	.050	45.76	.60
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	78	\$	11,010.05	\$ 141.15	.169	\$ 297.57	\$ 23.88
CLINIC	5	5		186.23	37.25	.011	37.25	.40
SURGICENTER	4	17		838.23	49.31	.037	209.56	1.82
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	29	56		9,985.59	178.31	.121	344.33	21.66

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

461 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	69	772	\$ 20,263.98	\$ 26.25	1.675	\$ 293.68	\$ 43.96
DURABLE MED. EQUIP.	5	12	618.95	51.58	.026	123.79	1.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	1	1,369.78	1369.78	.002	1369.78	2.97
MEDICAL TRANSPORTATION	21	495	4,481.87	9.05	1.074	213.42	9.72
AMBULANCES/AIR TRANS	21	495	4,481.87	9.05	1.074	213.42	9.72
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	61	4,244.38	69.58	.132	848.88	9.21
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	36	4,601.45	127.82	.078	575.18	9.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	24	228.00	9.50	.052	28.50	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	8	28.89	3.61	.017	28.89	.06
PROSTHETICS	1	8	28.89	3.61	.017	28.89	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	29	3,343.39	115.29	.063	1114.46	7.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	38.73	12.91	.007	38.73	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	103	1,308.54	12.70	.223	68.87	2.84
@CALIF. CHILDREN SERVICES*	1	1	\$ 67.34	\$ 67.34	.002	\$ 67.34	\$.15
@XOVER EXCLUDING STATE HOSP**	123	1,338	\$ 36,570.06	\$ 27.33	2.902	\$ 297.32	\$ 79.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,093
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13

	2,968 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,270	120,293	\$	9,518,207.90	\$ 79.13	40.530	\$ 2910.77	\$ 3206.94
@PHYSICIANS SERVICES	272	420	\$	7,240.48	\$ 17.24	.142	\$ 26.62	\$ 2.44
OUTPATIENT VISITS	2	2		123.58	61.79	.001	61.79	.04
OFFICE VISITS	2	2		123.58	61.79	.001	61.79	.04
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	9	17		488.85	28.76	.006	54.32	.16
HOSPITAL VISITS	1	1		27.50	27.50	.000	27.50	.01
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	16		461.35	28.83	.005	51.26	.16
OPHTHALMOLOGICAL SERVICES	2	3		161.01	53.67	.001	80.51	.05
EXAMINATIONS	2	3		161.01	53.67	.001	80.51	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	2	12		260.28	21.69	.004	130.14	.09
PRINCIPAL SURGEON	1	1		114.30	114.30	.000	114.30	.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11		145.98	13.27	.004	145.98	.05
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	3		24.07	8.02	.001	12.04	.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		5.00	5.00	.000	5.00	.00
OTHER SERVICES/ALL X-OVERS	262	382		6,177.69	16.17	.129	23.58	2.08
@PHARMACY	2,528	30,942	\$	972,466.05	\$ 31.43	10.425	\$ 384.68	\$ 327.65
PRESCRIPTION DRUGS	2,516	19,227		955,660.32	49.70	6.478	379.83	321.99
SNF/ICF	2,395	17,920		939,488.08	52.43	6.038	392.27	316.54
OUTPATIENTS	163	1,307		16,172.24	12.37	.440	99.22	5.45
MEDICAL SUPPLIES	141	11,715		16,805.73	1.43	3.947	119.19	5.66
@DENTIST	122	222	\$	11,851.75	\$ 53.39	.075	\$ 97.15	\$ 3.99
VISITS - DIAGNOSTIC	110	149		3,856.00	25.88	.050	35.05	1.30
ORAL SURGERY	16	42		1,737.75	41.38	.014	108.61	.59
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	7		933.00	133.29	.002	133.29	.31
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	15	21		5,325.00	253.57	.007	355.00	1.79
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,094	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						AID CODE 13	

2,968 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	12	29	\$			541.56	\$	18.67		.010	\$	45.13	\$	.18	
DIAGNOSTIC AND ANC. PROCED	2	4				32.03		8.01		.001		16.02		.01	
EYE APPLIANCES	8	23				450.08		19.57		.008		56.26		.15	
OTHER OPTOMETRIC SERVICES	2	2				59.45		29.73		.001		29.73		.02	
@CHIROPRACTOR	0	0	\$			.00	\$	.00		.000	\$	.00	\$	.00	
VISITS	0	0				.00		.00		.000		.00		.00	
OTHER SERVICES	0	0				.00		.00		.000		.00		.00	
@PODIATRIST	96	99	\$			818.22	\$	8.26		.033	\$	8.52	\$	.28	
MEDICINE/INJECTIONS	0	0				.00		.00		.000		.00		.00	
SURGERY/ANES.	0	0				.00		.00		.000		.00		.00	
RADIO./PATHOLOGY	0	0				.00		.00		.000		.00		.00	
OTHER	96	99				818.22		8.26		.033		8.52		.28	
@HOME HEALTH AGENCY	0	0	\$			.00	\$	.00		.000	\$	.00	\$	.00	
NURSE ANESTHESIST	0	0	\$			.00	\$	.00		.000	\$	.00	\$	.00	
NURSE MIDWIFE	0	0	\$			.00	\$	.00		.000	\$	.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$			.00	\$	.00		.000	\$	.00	\$	.00	
FAMILY NURSE PRACTITIONER	0	0	\$			.00	\$	.00		.000	\$	.00	\$	.00	
@TOTAL HOSPITAL	129	403	\$			42,362.60	\$	105.12		.136	\$	328.39	\$	14.27	
HOSP INPATIENT TOTAL	40	0				34,346.65		.00		.000		858.67		11.57	
HSC HOSPITALS	0	0				.00		.00		.000		.00		.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	40	0	34,346.65	.00	.000	858.67	11.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	92	403	8,015.95	19.89	.136	87.13	2.70
MEDICAL	2	3	209.70	69.90	.001	104.85	.07
SURGERY	1	1	177.02	177.02	.000	177.02	.06
PATHOLOGY	2	6	67.56	11.26	.002	33.78	.02
RADIOLOGY	1	3	72.26	24.09	.001	72.26	.02
ROOM USE	1	2	172.88	86.44	.001	172.88	.06
CROSSOVERS/ALL OTH OUTPTNT	88	388	7,316.53	18.86	.131	83.14	2.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,968 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	129	403	\$ 42,362.60	\$ 105.12	.136	\$ 328.39	\$ 14.27
COMM HOSP INPATIENT TOTAL	40	0	34,346.65	.00	.000	858.67	11.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	40	0	34,346.65	.00	.000	858.67	11.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	92	403	8,015.95	19.89	.136	87.13	2.70
MEDICAL	2	3	209.70	69.90	.001	104.85	.07
SURGERY	1	1	177.02	177.02	.000	177.02	.06
PATHOLOGY	2	6	67.56	11.26	.002	33.78	.02
RADIOLOGY	1	3	72.26	24.09	.001	72.26	.02
ROOM USE	1	2	172.88	86.44	.001	172.88	.06
CROSSOVERS/ALL OTH OUTPTNT	88	388	7,316.53	18.86	.131	83.14	2.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,536	79,013	\$ 8,083,028.22	\$ 102.30	26.622	\$ 3187.31	\$ 2723.39
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	30	2,439.60	81.32	.010	2439.60	.82
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,535	78,983	8,080,588.62	102.31	26.612	3187.61	2722.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	16	\$ 6,616.68	\$ 413.54	.005	\$ 551.39	\$ 2.23
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	16	6,616.68	413.54	.005	551.39	2.23
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	18	\$ 27.12	\$ 1.51	.006	\$ 4.52	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	6	18	27.12	1.51	.006	4.52	.01
@ORGANIZED OUTPATIENT CLINIC	2	3	\$ 560.96	\$ 186.99	.001	\$ 280.48	\$.19
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3	560.96	186.99	.001	280.48	.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,096
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						AID CODE 13

2,968 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	258	9,128	\$ 392,694.26	\$ 43.02	3.075	\$ 1522.07	\$ 132.31
DURABLE MED. EQUIP.	44	241	35,873.60	148.85	.081	815.31	12.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	8	1,538.53	192.32	.003	219.79	.52
MEDICAL TRANSPORTATION	25	451	1,267.74	2.81	.152	50.71	.43
AMBULANCES/AIR TRANS	1	7	37.51	5.36	.002	37.51	.01
OTHER TRANS	24	444	1,230.23	2.77	.150	51.26	.41
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	2	139.16	69.58	.001	139.16	.05
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	32	384.74	12.02	.011	27.48	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	41	70	41.26	.59	.024	1.01	.01
PROSTHETIST/ORTHOTISTS	1	3	39.80	13.27	.001	39.80	.01
PROSTHETICS	1	3	39.80	13.27	.001	39.80	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	7	289.08	41.30	.002	57.82	.10
HOSPICE SERVICES	105	3,091	351,488.60	113.71	1.041	3347.51	118.43
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	5,223	1,631.75	.31	1.760	67.99	.55
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	798	17,527	\$ 167,748.35	\$ 9.57	5.905	\$ 210.21	\$ 56.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 9,097
03/14/05

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38	1,730	\$ 89,386.55	\$ 51.67	48.056	\$ 2352.28	\$ 2482.96
@PHYSICIANS SERVICES	2	2	\$ 3.57	\$ 1.79	.056	\$ 1.79	\$.10
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		3.57	1.79	.056	1.79	.10
@PHARMACY	34	925	\$	10,955.56	\$ 11.84	25.694	\$ 322.22	\$ 304.32
PRESCRIPTION DRUGS	32	217		10,471.02	48.25	6.028	327.22	290.86
SNF/ICF	21	160		7,556.66	47.23	4.444	359.84	209.91
OUTPATIENTS	12	57		2,914.36	51.13	1.583	242.86	80.95
MEDICAL SUPPLIES	2	708		484.54	.68	19.667	242.27	13.46
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,098
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	6	\$	1,773.23	\$	295.54	.167	\$	295.54	\$	49.26
HOSP INPATIENT TOTAL	2	0		1,641.75		.00	.000		820.88		45.60
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		1,641.75		.00	.000		820.88		45.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	6		131.48		21.91	.167		32.87		3.65
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	6		131.48		21.91	.167		32.87		3.65
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,099
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	6	\$	1,773.23	\$	.167	\$	49.26
COMM HOSP INPATIENT TOTAL	2	0		1,641.75		.00		45.60
HSC HOSPITALS	0	0		.00		.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	2	0		1,641.75		.00		45.60
ALL OTHER INPATIENT	0	0		.00		.000		.00

COMM HOSP OUTPATIENT TOTAL	4	6		131.48	21.91	.167	32.87	3.65
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	6		131.48	21.91	.167	32.87	3.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	27	796	\$	73,937.20	\$ 92.89	22.111	\$ 2738.41	\$ 2053.81
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	27	796		73,937.20	92.89	22.111	2738.41	2053.81
@INTERMEDIATE CARE FACIL.-DD	1	1	\$	2,716.99	\$ 2716.99	.028	\$ 2716.99	\$ 75.47
ICF DDH	1	1		163.45	163.45	.028	163.45	4.54
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		2,553.54	.00	.000	.00	70.93
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,100
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	14	8	\$ 4,395.43	\$ 549.43	.222	\$ 313.96	\$ 122.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,101
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	227	18,036	\$ 881,241.60	\$ 48.86	86.297	\$ 3882.12	\$ 4216.47
@PHYSICIANS SERVICES	56	305	\$ 7,855.19	\$ 25.75	1.459	\$ 140.27	\$ 37.58
OUTPATIENT VISITS	5	5	326.63	65.33	.024	65.33	1.56
OFFICE VISITS	3	3	150.20	50.07	.014	50.07	.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	176.43	88.22	.010	88.22	.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	23	90	5,393.82	59.93	.431	234.51	25.81
HOSPITAL VISITS	8	38	1,716.13	45.16	.182	214.52	8.21
CRITICAL CARE	2	24	2,918.40	121.60	.115	1459.20	13.96
SNF/ICF/TRANS IP CARE	15	28	759.29	27.12	.134	50.62	3.63
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	13	857.83	65.99	.062	285.94	4.10
PRINCIPAL SURGEON	1	1	383.47	383.47	.005	383.47	1.83
ASSISTANT SURGEON	1	2	270.93	135.47	.010	270.93	1.30
ANESTHESIOLOGIST	1	10	203.43	20.34	.048	203.43	.97
OUTPATIENT SURGERY	1	1	74.65	74.65	.005	74.65	.36
PRINCIPAL SURGEON	1	1	74.65	74.65	.005	74.65	.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	125.02	41.67	.014	41.67	.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	29	193	1,077.24	5.58	.923	37.15	5.15
@PHARMACY	184	9,001	\$ 93,612.57	\$ 10.40	43.067	\$ 508.76	\$ 447.91
PRESCRIPTION DRUGS	183	1,514	90,180.61	59.56	7.244	492.79	431.49
SNF/ICF	182	1,486	87,465.67	58.86	7.110	480.58	418.50
OUTPATIENTS	2	28	2,714.94	96.96	.134	1357.47	12.99
MEDICAL SUPPLIES	19	7,487	3,431.96	.46	35.823	180.63	16.42
@DENTIST	10	19	\$ 1,593.00	\$ 83.84	.091	\$ 159.30	\$ 7.62
VISITS - DIAGNOSTIC	9	16	478.00	29.88	.077	53.11	2.29
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.005	215.00	1.03
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.010	900.00	4.31
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,102
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63						

209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	6	\$ 60.47	\$ 10.08	.029	\$ 10.08	\$.29

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	6	6		60.47	10.08	.029	10.08	.29
@HOME HEALTH AGENCY	1	18	\$	1,370.96	\$ 76.16	.086	\$ 1370.96	\$ 6.56
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	31	271	\$	67,243.95	\$ 248.13	1.297	\$ 2169.16	\$ 321.74
HOSP INPATIENT TOTAL	3	51		62,709.05	1229.59	.244	20903.02	300.04
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	51		61,869.05	1213.12	.244	20623.02	296.02
ACCOMMODATIONS	3	51		44,880.11	880.00	.244	14960.04	214.74
ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.024	4028.74	19.28
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46		40,851.37	888.07	.220	20425.69	195.46
ANCILLARIES	3	0		16,988.94	.00	.000	5662.98	81.29
INPATIENT CROSSOVERS	0	0		840.00	.00	.000	.00	4.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	220		4,534.90	20.61	1.053	161.96	21.70
MEDICAL	2	3		246.38	82.13	.014	123.19	1.18
SURGERY	1	1		71.96	71.96	.005	71.96	.34
PATHOLOGY	10	78		670.12	8.59	.373	67.01	3.21
RADIOLOGY	2	2		403.23	201.62	.010	201.62	1.93
ROOM USE	3	5		432.86	86.57	.024	144.29	2.07
CROSSOVERS/ALL OTH OUTPTNT	20	131		2,710.35	20.69	.627	135.52	12.97
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,103
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	271	\$	67,243.95	\$ 248.13	1.297	\$ 2169.16	\$ 321.74
COMM HOSP INPATIENT TOTAL	3	51		62,709.05	1229.59	.244	20903.02	300.04
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	51		61,869.05	1213.12	.244	20623.02	296.02
ACCOMMODATIONS	3	51		44,880.11	880.00	.244	14960.04	214.74

ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.024	4028.74	19.28
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46		40,851.37	888.07	.220	20425.69	195.46
ANCILLARIES	3	0		16,988.94	.00	.000	5662.98	81.29
INPATIENT CROSSOVERS	0	0		840.00	.00	.000	.00	4.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	220		4,534.90	20.61	1.053	161.96	21.70
MEDICAL	2	3		246.38	82.13	.014	123.19	1.18
SURGERY	1	1		71.96	71.96	.005	71.96	.34
PATHOLOGY	10	78		670.12	8.59	.373	67.01	3.21
RADIOLOGY	2	2		403.23	201.62	.010	201.62	1.93
ROOM USE	3	5		432.86	86.57	.024	144.29	2.07
CROSSOVERS/ALL OTH OUTPTNT	20	131		2,710.35	20.69	.627	135.52	12.97
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	161	5,374	\$	627,510.80	116.77	25.713	3897.58	3002.44
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	161	5,374		627,510.80	116.77	25.713	3897.58	3002.44
@INTERMEDIATE CARE FACIL.-DD	12	366	\$	69,408.33	189.64	1.751	5784.03	332.10
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	366		69,408.33	189.64	1.751	5784.03	332.10
@HEMODIALYSIS TOTAL	3	3	\$	1,116.13	372.04	.014	372.04	5.34
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	3		1,116.13	372.04	.014	372.04	5.34
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	6	\$	40.99	6.83	.029	13.66	.20
PATHOLOGY	2	3		28.33	9.44	.014	14.17	.14
XO AND OTHERS	1	3		12.66	4.22	.014	12.66	.06
@ORGANIZED OUTPATIENT CLINIC	1	3	\$	78.30	26.10	.014	78.30	.37
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	3		78.30	26.10	.014	78.30	.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,104
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

		----- MONTHLY AVERAGE -----						
209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	34	2,664	\$ 11,350.91	\$ 4.26	12.746	\$ 333.85	\$ 54.31	
DURABLE MED. EQUIP.	5	24	888.13	37.01	.115	177.63	4.25	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	11	1,523	4,744.62	3.12	7.287	431.33	22.70	
AMBULANCES/AIR TRANS	4	49	477.51	9.75	.234	119.38	2.28	
OTHER TRANS	7	1,474	4,267.11	2.89	7.053	609.59	20.42	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.010	16.64	.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	86.04	21.51	.019	43.02	.41
PROSTHETIST/ORTHOTISTS	2	9	1,172.94	130.33	.043	586.47	5.61
PROSTHETICS	2	9	1,172.94	130.33	.043	586.47	5.61
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	39	1,648.68	42.27	.187	137.39	7.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	1,063	2,793.86	2.63	5.086	349.23	13.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	63	4,572	\$ 23,956.84	\$ 5.24	21.876	\$ 380.27	\$ 114.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,105
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,106
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -----
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

					----- MONTHLY AVERAGE -----			
3,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,535	140,059	\$ 10,488,836.05	\$ 74.89	43.591	\$ 2967.14	\$ 3264.50	
@PHYSICIANS SERVICES	330	727	\$ 15,099.24	\$ 20.77	.226	\$ 45.76	\$ 4.70	
OUTPATIENT VISITS	7	7	450.21	64.32	.002	64.32	.14	
OFFICE VISITS	5	5	273.78	54.76	.002	54.76	.09	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	2	176.43	88.22	.001	88.22	.05	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	32	107	5,882.67	54.98	.033	183.83	1.83	
HOSPITAL VISITS	9	39	1,743.63	44.71	.012	193.74	.54	
CRITICAL CARE	2	24	2,918.40	121.60	.007	1459.20	.91	
SNF/ICF/TRANS IP CARE	24	44	1,220.64	27.74	.014	50.86	.38	
OPHTHALMOLOGICAL SERVICES	2	3	161.01	53.67	.001	80.51	.05	
EXAMINATIONS	2	3	161.01	53.67	.001	80.51	.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	13	857.83	65.99	.004	285.94	.27	
PRINCIPAL SURGEON	1	1	383.47	383.47	.000	383.47	.12	
ASSISTANT SURGEON	1	2	270.93	135.47	.001	270.93	.08	
ANESTHESIOLOGIST	1	10	203.43	20.34	.003	203.43	.06	

OUTPATIENT SURGERY	3	13		334.93	25.76	.004	111.64	.10
PRINCIPAL SURGEON	2	2		188.95	94.48	.001	94.48	.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11		145.98	13.27	.003	145.98	.05
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	5	6		149.09	24.85	.002	29.82	.05
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		5.00	5.00	.000	5.00	.00
OTHER SERVICES/ALL X-OVERS	293	577		7,258.50	12.58	.180	24.77	2.26
@PHARMACY	2,746	40,868	\$	1,077,034.18	\$ 26.35	12.720	\$ 392.22	\$ 335.21
PRESCRIPTION DRUGS	2,731	20,958		1,056,311.95	50.40	6.523	386.79	328.76
SNF/ICF	2,598	19,566		1,034,510.41	52.87	6.090	398.19	321.98
OUTPATIENTS	177	1,392		21,801.54	15.66	.433	123.17	6.79
MEDICAL SUPPLIES	162	19,910		20,722.23	1.04	6.197	127.92	6.45
@DENTIST	132	241	\$	13,444.75	\$ 55.79	.075	\$ 101.85	\$ 4.18
VISITS - DIAGNOSTIC	119	165		4,334.00	26.27	.051	36.42	1.35
ORAL SURGERY	16	42		1,737.75	41.38	.013	108.61	.54
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		215.00	215.00	.000	215.00	.07
RESTORATIVE DENTISTRY	7	7		933.00	133.29	.002	133.29	.29
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	16	23		6,225.00	270.65	.007	389.06	1.94
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3		.00	.00	.001	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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NEVADA COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

3,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	12	29	\$ 541.56	\$ 18.67	.009	\$ 45.13	\$.17
DIAGNOSTIC AND ANC. PROCED	2	4	32.03	8.01	.001	16.02	.01
EYE APPLIANCES	8	23	450.08	19.57	.007	56.26	.14
OTHER OPTOMETRIC SERVICES	2	2	59.45	29.73	.001	29.73	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	102	105	\$ 878.69	\$ 8.37	.033	\$ 8.61	\$.27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	102	105	878.69	8.37	.033	8.61	.27
@HOME HEALTH AGENCY	1	18	\$ 1,370.96	\$ 76.16	.006	\$ 1370.96	\$.43
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	166	680	\$ 111,379.78	\$ 163.79	.212	\$ 670.96	\$ 34.67
HOSP INPATIENT TOTAL	45	51	98,697.45	1935.24	.016	2193.28	30.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	51	61,869.05	1213.12	.016	20623.02	19.26
ACCOMMODATIONS	3	51	44,880.11	880.00	.016	14960.04	13.97
ADMINISTRATIVE DAYS	1	5	4,028.74	805.75	.002	4028.74	1.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	40,851.37	888.07	.014	20425.69	12.71
ANCILLARIES	3	0	16,988.94	.00	.000	5662.98	5.29
INPATIENT CROSSOVERS	42	0	36,828.40	.00	.000	876.87	11.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	124	629	12,682.33	20.16	.196	102.28	3.95
MEDICAL	4	6	456.08	76.01	.002	114.02	.14
SURGERY	2	2	248.98	124.49	.001	124.49	.08
PATHOLOGY	12	84	737.68	8.78	.026	61.47	.23
RADIOLOGY	3	5	475.49	95.10	.002	158.50	.15
ROOM USE	4	7	605.74	86.53	.002	151.44	.19
CROSSOVERS/ALL OTH OUTPTNT	112	525	10,158.36	19.35	.163	90.70	3.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,213 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	166	680	\$ 111,379.78	\$ 163.79	.212	\$ 670.96	\$ 34.67
COMM HOSP INPATIENT TOTAL	45	51	98,697.45	1935.24	.016	2193.28	30.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	51	61,869.05	1213.12	.016	20623.02	19.26
ACCOMMODATIONS	3	51	44,880.11	880.00	.016	14960.04	13.97
ADMINISTRATIVE DAYS	1	5	4,028.74	805.75	.002	4028.74	1.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	40,851.37	888.07	.014	20425.69	12.71
ANCILLARIES	3	0	16,988.94	.00	.000	5662.98	5.29
INPATIENT CROSSOVERS	42	0	36,828.40	.00	.000	876.87	11.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	124	629	12,682.33	20.16	.196	102.28	3.95
MEDICAL	4	6	456.08	76.01	.002	114.02	.14
SURGERY	2	2	248.98	124.49	.001	124.49	.08
PATHOLOGY	12	84	737.68	8.78	.026	61.47	.23
RADIOLOGY	3	5	475.49	95.10	.002	158.50	.15
ROOM USE	4	7	605.74	86.53	.002	151.44	.19
CROSSOVERS/ALL OTH OUTPTNT	112	525	10,158.36	19.35	.163	90.70	3.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,724	85,183	\$ 8,784,476.22	\$ 103.12	26.512	\$ 3224.84	\$ 2734.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	30	2,439.60	81.32	.009	2439.60	.76
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,723	85,153	8,782,036.62	103.13	26.503	3225.13	2733.28
@INTERMEDIATE CARE FACIL.-DD	13	367	\$ 72,125.32	\$ 196.53	.114	\$ 5548.10	\$ 22.45
ICF DDH	1	1	163.45	163.45	.000	163.45	.05
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	366	71,961.87	196.62	.114	5996.82	22.40
@HEMODIALYSIS TOTAL	15	19	\$ 7,732.81	\$ 406.99	.006	\$ 515.52	\$ 2.41
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	19	7,732.81	406.99	.006	515.52	2.41
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	24	\$ 68.11	\$ 2.84	.007	\$ 7.57	\$.02
PATHOLOGY	2	3	28.33	9.44	.001	14.17	.01
XO AND OTHERS	7	21	39.78	1.89	.007	5.68	.01
@ORGANIZED OUTPATIENT CLINIC	3	6	\$ 639.26	\$ 106.54	.002	\$ 213.09	\$.20
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	6	639.26	106.54	.002	213.09	.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,112
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

3,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	292	11,792	\$ 404,045.17	\$ 34.26	3.670	\$ 1383.72	\$ 125.75
DURABLE MED. EQUIP.	49	265	36,761.73	138.72	.082	750.24	11.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	8	1,538.53	192.32	.002	219.79	.48
MEDICAL TRANSPORTATION	36	1,974	6,012.36	3.05	.614	167.01	1.87
AMBULANCES/AIR TRANS	5	56	515.02	9.20	.017	103.00	.16
OTHER TRANS	31	1,918	5,497.34	2.87	.597	177.33	1.71
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	2	139.16	69.58	.001	139.16	.04
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	34	401.38	11.81	.011	26.76	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	43	74	127.30	1.72	.023	2.96	.04
PROSTHETIST/ORTHOTISTS	3	12	1,212.74	101.06	.004	404.25	.38
PROSTHETICS	3	12	1,212.74	101.06	.004	404.25	.38
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	46	1,937.76	42.13	.014	113.99	.60
HOSPICE SERVICES	105	3,091	351,488.60	113.71	.962	3347.51	109.40
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	6,286	4,425.61	.70	1.956	138.30	1.38
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	875	22,107	\$ 196,100.62	\$ 8.87	6.880	\$ 224.11	\$ 61.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

PAGE 9,113
03/14/05

6,193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,019	148,569	\$ 10,846,748.88	\$ 73.01	23.990	\$ 1802.08	\$ 1751.45
@PHYSICIANS SERVICES	690	2,414	\$ 31,807.75	\$ 13.18	.390	\$ 46.10	\$ 5.14
OUTPATIENT VISITS	15	23	922.78	40.12	.004	61.52	.15
OFFICE VISITS	9	17	500.56	29.44	.003	55.62	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	403.02	80.60	.001	80.60	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.000	19.20	.00
INPATIENT VISITS	13	29	897.70	30.96	.005	69.05	.14
HOSPITAL VISITS	4	11	436.35	39.67	.002	109.09	.07
CRITICAL CARE	1	2	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	16	461.35	28.83	.003	51.26	.07
OPHTHALMOLOGICAL SERVICES	5	8	399.03	49.88	.001	79.81	.06

EXAMINATIONS	5	8		399.03	49.88	.001	79.81	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	14		990.08	70.72	.002	165.01	.16
PRINCIPAL SURGEON	4	6		441.55	73.59	.001	110.39	.07
ASSISTANT SURGEON	1	1		374.53	374.53	.000	374.53	.06
ANESTHESIOLOGIST	1	7		174.00	24.86	.001	174.00	.03
OUTPATIENT SURGERY	7	25		2,419.67	96.79	.004	345.67	.39
PRINCIPAL SURGEON	5	5		1,995.74	399.15	.001	399.15	.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	20		423.93	21.20	.003	141.31	.07
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		16.16	8.08	.000	8.08	.00
RADIOLOGY	11	19		350.12	18.43	.003	31.83	.06
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		13.20	6.60	.000	6.60	.00
OTHER SERVICES/ALL X-OVERS	654	2,292		25,799.01	11.26	.370	39.45	4.17
@PHARMACY	4,787	49,851	\$	1,639,519.06	\$ 32.89	8.050	\$ 342.49	\$ 264.74
PRESCRIPTION DRUGS	4,764	29,422		1,618,126.62	55.00	4.751	339.66	261.28
SNF/ICF	2,540	18,853		990,791.69	52.55	3.044	390.08	159.99
OUTPATIENTS	2,285	10,569		627,334.93	59.36	1.707	274.54	101.30
MEDICAL SUPPLIES	213	20,429		21,392.44	1.05	3.299	100.43	3.45
@DENTIST	210	544	\$	27,321.75	\$ 50.22	.088	\$ 130.10	\$ 4.41
VISITS - DIAGNOSTIC	159	297		6,200.00	20.88	.048	38.99	1.00
ORAL SURGERY	32	81		3,704.75	45.74	.013	115.77	.60
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		55.00	55.00	.000	55.00	.01
ENDODONTICS	3	3		760.00	253.33	.000	253.33	.12
RESTORATIVE DENTISTRY	38	80		5,013.00	62.66	.013	131.92	.81
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	30	69		11,589.00	167.96	.011	386.30	1.87
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	13		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,114
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	6,193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	49	148	\$	2,738.91	\$ 18.51	.024	\$ 55.90	\$.44
DIAGNOSTIC AND ANC. PROCED	11	13		404.60	31.12	.002	36.78	.07
EYE APPLIANCES	41	128		2,209.17	17.26	.021	53.88	.36
OTHER OPTOMETRIC SERVICES	5	7		125.14	17.88	.001	25.03	.02
@CHIROPRACTOR	2	4	\$	66.88	\$ 16.72	.001	\$ 33.44	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	4		66.88	16.72	.001	33.44	.01
@PODIATRIST	143	169	\$	1,414.89	\$ 8.37	.027	\$ 9.89	\$.23
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	143	169		1,414.89	8.37	.027	9.89	.23
@HOME HEALTH AGENCY	1	8	\$	641.60	\$ 80.20	.001	\$ 641.60	\$.10
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	2.10	\$	2.10	.000	\$	2.10	\$	.00
@TOTAL HOSPITAL	444	1,515	\$	153,835.81	\$	101.54	.245	\$	346.48	\$	24.84
HOSP INPATIENT TOTAL	98	26		123,053.22		4732.82	.004		1255.65		19.87
HSC HOSPITALS	1	4		7,200.00		1800.00	.001		7200.00		1.16
NON-HSC HOSPITAL TOTAL	4	22		39,393.75		1790.63	.004		9848.44		6.36
ACCOMMODATIONS	4	22		8,334.51		378.84	.004		2083.63		1.35
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	22		8,334.51		378.84	.004		2083.63		1.35
ANCILLARIES	4	0		31,059.24		.00	.000		7764.81		5.02
INPATIENT CROSSOVERS	93	0		76,459.47		.00	.000		822.14		12.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	356	1,489		30,782.59		20.67	.240		86.47		4.97
MEDICAL	7	10		405.17		40.52	.002		57.88		.07
SURGERY	2	2		196.45		98.23	.000		98.23		.03
PATHOLOGY	17	52		723.54		13.91	.008		42.56		.12
RADIOLOGY	5	7		174.33		24.90	.001		34.87		.03
ROOM USE	12	16		659.82		41.24	.003		54.99		.11
CROSSOVERS/ALL OTH OUTPTNT	334	1,402		28,623.28		20.42	.226		85.70		4.62
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,115
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

6,193 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	444	1,515	\$ 153,835.81	\$ 101.54	.245	\$ 346.48	\$ 24.84		
COMM HOSP INPATIENT TOTAL	98	26	123,053.22	4732.82	.004	1255.65	19.87		
HSC HOSPITALS	1	4	7,200.00	1800.00	.001	7200.00	1.16		
NON-HSC HOSPITALS TOTAL	4	22	39,393.75	1790.63	.004	9848.44	6.36		
ACCOMMODATIONS	4	22	8,334.51	378.84	.004	2083.63	1.35		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	4	22	8,334.51	378.84	.004	2083.63	1.35		
ANCILLARIES	4	0	31,059.24	.00	.000	7764.81	5.02		
INPATIENT CROSSOVERS	93	0	76,459.47	.00	.000	822.14	12.35		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	356	1,489	30,782.59	20.67	.240	86.47	4.97		
MEDICAL	7	10	405.17	40.52	.002	57.88	.07		
SURGERY	2	2	196.45	98.23	.000	98.23	.03		
PATHOLOGY	17	52	723.54	13.91	.008	42.56	.12		
RADIOLOGY	5	7	174.33	24.90	.001	34.87	.03		
ROOM USE	12	16	659.82	41.24	.003	54.99	.11		
CROSSOVERS/ALL OTH OUTPTNT	334	1,402	28,623.28	20.42	.226	85.70	4.62		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	2,671	81,795	\$ 8,444,527.72	\$ 103.24	13.208	\$ 3161.56	\$ 1363.56		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	2	111	11,085.17	99.87	.018	5542.59	1.79		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
LEV B-REGULAR	2,669	81,684	8,433,442.55	103.24	13.190	3159.78	1361.77		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00		
ICF DDH	0	0	.00	.00	.000	.00	.00		
ICF DD	0	0	.00	.00	.000	.00	.00		
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00		
@HEMODIALYSIS TOTAL	19	37	\$ 11,527.01	\$ 311.54	.006	\$ 606.68	\$ 1.86		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
HEMODIALYSIS CENTER	19	37	11,527.01	311.54	.006	606.68	1.86		
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00		
@LABORATORY FACILITY	10	30	\$ 136.51	\$ 4.55	.005	\$ 13.65	\$.02		
PATHOLOGY	1	6	65.95	10.99	.001	65.95	.01		
XO AND OTHERS	9	24	70.56	2.94	.004	7.84	.01		
@ORGANIZED OUTPATIENT CLINIC	150	217	\$ 31,904.90	\$ 147.03	.035	\$ 212.70	\$ 5.15		
CLINIC	2	2	59.42	29.71	.000	29.71	.01		

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	148	215	31,845.48	148.12	.035	215.17	5.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,116
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

6,193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	668	11,836	\$ 501,303.99	\$ 42.35	1.911	\$ 750.46	\$ 80.95
DURABLE MED. EQUIP.	57	268	39,430.11	147.13	.043	691.76	6.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	29	11,332.83	390.79	.005	404.74	1.83
MEDICAL TRANSPORTATION	31	522	1,790.27	3.43	.084	57.75	.29
AMBULANCES/AIR TRANS	3	37	387.45	10.47	.006	129.15	.06
OTHER TRANS	27	482	1,387.10	2.88	.078	51.37	.22
OTHER SERVICES	1	3	15.72	5.24	.000	15.72	.00
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	73	788	54,829.04	69.58	.127	751.08	8.85
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	66	154	1,888.38	12.26	.025	28.61	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	48	80	48.63	.61	.013	1.01	.01
PROSTHETIST/ORTHOTISTS	4	8	62.76	7.85	.001	15.69	.01
PROSTHETICS	4	8	62.76	7.85	.001	15.69	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	9	993.09	110.34	.001	141.87	.16
HOSPICE SERVICES	117	3,360	382,056.55	113.71	.543	3265.44	61.69
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	260	6,617	8,845.30	1.34	1.068	34.02	1.43
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,673	21,994	\$ 303,021.71	\$ 13.78	3.551	\$ 181.12	\$ 48.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,117
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38	1,728	\$ 89,336.55	\$ 51.70	48.000	\$ 2350.96	\$ 2481.57
@PHYSICIANS SERVICES	2	2	\$ 3.57	\$ 1.79	.056	\$ 1.79	\$.10
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		3.57	1.79	.056	1.79	.10
@PHARMACY	34	925	\$	10,955.56	\$ 11.84	25.694	\$ 322.22	\$ 304.32
PRESCRIPTION DRUGS	32	217		10,471.02	48.25	6.028	327.22	290.86
SNF/ICF	21	160		7,556.66	47.23	4.444	359.84	209.91
OUTPATIENTS	12	57		2,914.36	51.13	1.583	242.86	80.95
MEDICAL SUPPLIES	2	708		484.54	.68	19.667	242.27	13.46
@DENTIST	0	2CR	\$	50.00CR	\$ 25.00	.056CR\$	.00	\$ 1.39CR
VISITS - DIAGNOSTIC	0	2CR		50.00CR	25.00	.056CR	.00	1.39CR
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,118
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	6	\$ 1,773.23	\$ 295.54	.167	\$ 295.54	\$ 49.26
HOSP INPATIENT TOTAL	2	0	1,641.75	.00	.000	820.88	45.60
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,641.75	.00	.000	820.88	45.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	6	131.48	21.91	.167	32.87	3.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	6	131.48	21.91	.167	32.87	3.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,119
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	6	\$ 1,773.23	\$ 295.54	.167	\$ 295.54	\$ 49.26	
COMM HOSP INPATIENT TOTAL	2	0	1,641.75	.00	.000	820.88	45.60	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0		1,641.75	.00	.000	820.88	45.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	6		131.48	21.91	.167	32.87	3.65
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	6		131.48	21.91	.167	32.87	3.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	27	796	\$	73,937.20	\$ 92.89	22.111	\$ 2738.41	\$ 2053.81
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	27	796		73,937.20	92.89	22.111	2738.41	2053.81
@INTERMEDIATE CARE FACIL.-DD	1	1	\$	2,716.99	\$ 2716.99	.028	\$ 2716.99	\$ 75.47
ICF DDH	1	1		163.45	163.45	.028	163.45	4.54
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		2,553.54	.00	.000	.00	70.93
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,120
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	14	8	\$	4,395.43	\$ 549.43	.222	\$ 313.96	\$ 122.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,121
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

	3,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,392	77,908	\$	3,981,062.31	\$ 51.10	23.009	\$ 1173.66	\$ 1175.74
@PHYSICIANS SERVICES	904	3,857	\$	152,912.04	\$ 39.65	1.139	\$ 169.15	\$ 45.16

OUTPATIENT VISITS	360	626	22,619.47	36.13	.185	62.83	6.68
OFFICE VISITS	275	474	12,947.74	27.32	.140	47.08	3.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	91	132	9,144.68	69.28	.039	100.49	2.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	19	20	527.05	26.35	.006	27.74	.16
INPATIENT VISITS	95	433	23,809.65	54.99	.128	250.63	7.03
HOSPITAL VISITS	74	334	14,905.36	44.63	.099	201.42	4.40
CRITICAL CARE	9	66	7,962.90	120.65	.019	884.77	2.35
SNF/ICF/TRANS IP CARE	19	33	941.39	28.53	.010	49.55	.28
OPHTHALMOLOGICAL SERVICES	13	13	581.18	44.71	.004	44.71	.17
EXAMINATIONS	13	13	581.18	44.71	.004	44.71	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	42	487	22,883.12	46.99	.144	544.84	6.76
PRINCIPAL SURGEON	30	53	17,717.68	334.30	.016	590.59	5.23
ASSISTANT SURGEON	4	5	681.57	136.31	.001	170.39	.20
ANESTHESIOLOGIST	14	429	4,483.87	10.45	.127	320.28	1.32
OUTPATIENT SURGERY	60	213	12,966.43	60.88	.063	216.11	3.83
PRINCIPAL SURGEON	54	65	11,469.19	176.45	.019	212.39	3.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	148	1,497.24	10.12	.044	166.36	.44
DIALYSIS	11	57	2,672.32	46.88	.017	242.94	.79
PATHOLOGY	73	210	3,231.69	15.39	.062	44.27	.95
RADIOLOGY	188	530	18,374.10	34.67	.157	97.73	5.43
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	17	121	16,718.64	138.17	.036	983.45	4.94
OTHER SERVICES/ALL X-OVERS	460	1,166	28,982.15	24.86	.344	63.00	8.56
@PHARMACY	2,483	28,869	\$ 1,871,889.88	\$ 64.84	8.526	\$ 753.88	\$ 552.83
PRESCRIPTION DRUGS	2,440	11,783	1,853,912.52	157.34	3.480	759.80	547.52
SNF/ICF	219	1,816	133,870.31	73.72	.536	611.28	39.54
OUTPATIENTS	2,227	9,967	1,720,042.21	172.57	2.944	772.36	507.99
MEDICAL SUPPLIES	191	17,086	17,977.36	1.05	5.046	94.12	5.31
@DENTIST	170	638	\$ 29,372.24	\$ 46.04	.188	\$ 172.78	\$ 8.67
VISITS - DIAGNOSTIC	103	312	5,258.50	16.85	.092	51.05	1.55
ORAL SURGERY	34	97	5,295.50	54.59	.029	155.75	1.56
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	7	7	708.00	101.14	.002	101.14	.21
ENDODONTICS	8	9	1,845.00	205.00	.003	230.63	.54
RESTORATIVE DENTISTRY	65	165	10,299.24	62.42	.049	158.45	3.04
PROSTHETICS	3	3	90.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	12	44	5,876.00	133.55	.013	489.67	1.74
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,122
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

		----- MONTHLY AVERAGE -----						
3,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	46	134	\$ 2,730.88	\$ 20.38	.040	\$ 59.37	\$.81	
DIAGNOSTIC AND ANC. PROCED	19	19	869.48	45.76	.006	45.76	.26	

EYE APPLIANCES	37	106		1,639.32	15.47	.031	44.31	.48
OTHER OPTOMETRIC SERVICES	6	9		222.08	24.68	.003	37.01	.07
@CHIROPRACTOR	15	26	\$	404.97	15.58	.008	27.00	\$.12
VISITS	13	22		342.76	15.58	.006	26.37	.10
OTHER SERVICES	2	4		62.21	15.55	.001	31.11	.02
@PODIATRIST	26	32	\$	655.23	20.48	.009	25.20	\$.19
MEDICINE/INJECTIONS	13	15		426.40	28.43	.004	32.80	.13
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2		48.44	24.22	.001	24.22	.01
OTHER	13	15		180.39	12.03	.004	13.88	.05
@HOME HEALTH AGENCY	14	114	\$	6,278.75	55.08	.034	448.48	\$ 1.85
NURSE ANESTHESIST	1	24	\$	65.11	2.71	.007	65.11	\$.02
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	4	5	\$	84.20	16.84	.001	21.05	\$.02
@TOTAL HOSPITAL	682	4,399	\$	867,778.04	197.27	1.299	1272.40	\$ 256.28
HOSP INPATIENT TOTAL	101	501		726,557.64	1450.21	.148	7193.64	214.58
HSC HOSPITALS	27	272		346,951.00	1275.56	.080	12850.04	102.47
NON-HSC HOSPITAL TOTAL	48	229		353,160.99	1542.19	.068	7357.52	104.30
ACCOMMODATIONS	48	229		168,766.38	736.97	.068	3515.97	49.84
ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.001	4028.74	1.19
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	47	224		164,737.64	735.44	.066	3505.06	48.65
ANCILLARIES	48	0		184,394.61	.00	.000	3841.55	54.46
INPATIENT CROSSOVERS	30	0		26,445.65	.00	.000	881.52	7.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	613	3,898		141,220.40	36.23	1.151	230.38	41.71
MEDICAL	85	174		9,224.82	53.02	.051	108.53	2.72
SURGERY	40	45		1,995.81	44.35	.013	49.90	.59
PATHOLOGY	254	1,313		13,798.28	10.51	.388	54.32	4.08
RADIOLOGY	141	311		27,256.16	87.64	.092	193.31	8.05
ROOM USE	165	292		12,905.40	44.20	.086	78.21	3.81
CROSSOVERS/ALL OTH OUTPTNT	345	1,763		76,039.93	43.13	.521	220.41	22.46
@COUNTY HOSPITAL TOTAL	8	123	\$	156,873.81	1275.40	.036	19609.23	\$ 46.33
CO HOSPITAL INPATIENT TOTAL	4	116		156,323.94	1347.62	.034	39080.99	46.17
HSC HOSPITALS	4	115		155,480.00	1352.00	.034	38870.00	45.92
NON-HSC HOSPITALS TOTAL	1	1		843.94	843.94	.000	843.94	.25
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30	.07
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		231.30	231.30	.000	231.30	.07
ANCILLARIES	1	0		612.64	.00	.000	612.64	.18
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7		549.87	78.55	.002	137.47	.16
MEDICAL	1	1		46.54	46.54	.000	46.54	.01
SURGERY	1	2		125.40	62.70	.001	125.40	.04
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	2		305.36	152.68	.001	152.68	.09
ROOM USE	2	2		72.57	36.29	.001	36.29	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

3,386 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	61	2,362	14,877.02	6.30	.698	243.89	4.39
AMBULANCES/AIR TRANS	50	872	8,782.94	10.07	.258	175.66	2.59
OTHER TRANS	8	1,478	4,288.66	2.90	.437	536.08	1.27
OTHER SERVICES	4	12	1,805.42	150.45	.004	451.36	.53
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	134	9,323.72	69.58	.040	1864.74	2.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	51	1,422	62,312.28	43.82	.420	1221.81	18.40
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	57	130	1,515.60	11.66	.038	26.59	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	86.04	21.51	.001	43.02	.03
PROSTHETIST/ORTHOTISTS	9	32	3,566.89	111.47	.009	396.32	1.05
PROSTHETICS	9	32	3,566.89	111.47	.009	396.32	1.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	51	3,247.14	63.67	.015	162.36	.96
HOSPICE SERVICES	5	74	8,725.79	117.92	.022	1745.16	2.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	73	19,176	40,056.27	2.09	5.663	548.72	11.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	129	8,139	11,081.66	1.36	2.404	85.90	3.27
@CALIF. CHILDREN SERVICES*	18	141	\$ 8,438.34	\$ 59.85	.042	\$ 468.80	\$ 2.49
@XOVER EXCLUDING STATE HOSP**	640	7,993	\$ 105,882.36	\$ 13.25	2.361	\$ 165.44	\$ 31.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

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NEVADA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

35,773 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17,448	98,395	\$ 5,821,991.65	\$ 59.17	2.751	\$ 333.68	\$ 162.75
@PHYSICIANS SERVICES	7,327	21,384	\$ 808,780.03	\$ 37.82	.598	\$ 110.38	\$ 22.61
OUTPATIENT VISITS	5,476	7,673	289,549.43	37.74	.214	52.88	8.09
OFFICE VISITS	3,684	4,955	150,639.54	30.40	.139	40.89	4.21
HOME VISITS	2	2	164.55	82.28	.000	82.28	.00
EMERGENCY ROOM	1,954	2,421	121,056.98	50.00	.068	61.95	3.38
PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	.00
OB VISITS/COMPRE PERI	116	187	14,361.63	76.80	.005	123.81	.40
OTHER OUTPATIENT	99	106	3,234.51	30.51	.003	32.67	.09
INPATIENT VISITS	328	1,162	70,798.26	60.93	.032	215.85	1.98
HOSPITAL VISITS	314	938	42,960.35	45.80	.026	136.82	1.20
CRITICAL CARE	33	224	27,837.91	124.28	.006	843.57	.78
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	89	109	4,605.37	42.25	.003	51.75	.13
EXAMINATIONS	88	108	4,570.08	42.32	.003	51.93	.13
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	349	2,178	176,237.42	80.92	.061	504.98	4.93
PRINCIPAL SURGEON	235	289	143,657.68	497.09	.008	611.31	4.02
ASSISTANT SURGEON	33	33	5,746.01	174.12	.001	174.12	.16
ANESTHESIOLOGIST	132	1,856	26,833.73	14.46	.052	203.29	.75
OUTPATIENT SURGERY	698	2,471	97,801.39	39.58	.069	140.12	2.73
PRINCIPAL SURGEON	629	792	82,943.62	104.73	.022	131.87	2.32
ASSISTANT SURGEON	3	3	251.93	83.98	.000	83.98	.01
ANESTHESIOLOGIST	111	1,676	14,605.84	8.71	.047	131.58	.41
DIALYSIS	2	14	218.71	15.62	.000	109.36	.01
PATHOLOGY	689	1,244	21,070.70	16.94	.035	30.58	.59
RADIOLOGY	1,603	2,567	79,719.12	31.06	.072	49.73	2.23
PSYCHIATRY	8	8	586.32	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	202	418	18,283.96	43.74	.012	90.51	.51
OTHER SERVICES/ALL X-OVERS	845	3,540	49,909.35	14.10	.099	59.06	1.40
@PHARMACY	7,737	30,408	\$ 1,220,445.74	\$ 40.14	.850	\$ 157.74	\$ 34.12
PRESCRIPTION DRUGS	7,670	17,936	1,201,488.07	66.99	.501	156.65	33.59
SNF/ICF	2	4	73.23	18.31	.000	36.62	.00
OUTPATIENTS	7,668	17,932	1,201,414.84	67.00	.501	156.68	33.58
MEDICAL SUPPLIES	189	12,472	18,957.67	1.52	.349	100.31	.53
@DENTIST	1,370	6,041	\$ 205,266.20	\$ 33.98	.169	\$ 149.83	\$ 5.74
VISITS - DIAGNOSTIC	966	3,727	63,347.20	17.00	.104	65.58	1.77
ORAL SURGERY	189	482	28,783.00	59.72	.013	152.29	.80
DRUGS	57	68	1,440.00	21.18	.002	25.26	.04
ANESTHESIA	2	4	300.00	75.00	.000	150.00	.01
PERIODONTICS	10	16	670.00	41.88	.000	67.00	.02
ENDODONTICS	99	186	25,367.00	136.38	.005	256.23	.71
RESTORATIVE DENTISTRY	500	1,315	69,677.60	52.99	.037	139.36	1.95
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	34	110	11,248.40	102.26	.003	330.84	.31
SPACE MAINTAINERS	14	19	1,720.00	90.53	.001	122.86	.05
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	40	2,080.00	52.00	.001	53.33	.06
ALL OTHER SERVICES	52	71	525.00	7.39	.002	10.10	.01

NEVADA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

35,773 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	371	1,089	\$ 24,595.74	\$ 22.59	.030	\$ 66.30	\$.69
DIAGNOSTIC AND ANC. PROCED	283	294	12,662.52	43.07	.008	44.74	.35
EYE APPLIANCES	276	781	11,695.72	14.98	.022	42.38	.33
OTHER OPTOMETRIC SERVICES	10	14	237.50	16.96	.000	23.75	.01
@CHIROPRACTOR	210	320	\$ 5,233.36	\$ 16.35	.009	\$ 24.92	\$.15
VISITS	210	320	5,233.36	16.35	.009	24.92	.15
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	38	53	\$ 2,124.29	\$ 40.08	.001	\$ 55.90	\$.06
MEDICINE/INJECTIONS	35	39	1,269.87	32.56	.001	36.28	.04
SURGERY/ANES.	6	6	464.37	77.40	.000	77.40	.01
RADIO./PATHOLOGY	4	5	84.34	16.87	.000	21.09	.00
OTHER	3	3	305.71	101.90	.000	101.90	.01
@HOME HEALTH AGENCY	19	62	\$ 3,958.49	\$ 63.85	.002	\$ 208.34	\$.11
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	29	118	\$ 10,798.07	\$ 91.51	.003	\$ 372.35	\$.30
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	108	126	\$ 3,223.82	\$ 25.59	.004	\$ 29.85	\$.09
@TOTAL HOSPITAL	4,564	21,928	\$ 2,949,229.19	\$ 134.50	.613	\$ 646.19	\$ 82.44
HOSP INPATIENT TOTAL	343	1,506	2,334,676.60	1550.25	.042	6806.64	65.26
HSC HOSPITALS	62	503	707,561.07	1406.68	.014	11412.28	19.78
NON-HSC HOSPITAL TOTAL	283	1,003	1,622,302.62	1617.45	.028	5732.52	45.35
ACCOMMODATIONS	283	1,003	414,744.79	413.50	.028	1465.53	11.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	283	1,003	414,744.79	413.50	.028	1465.53	11.59
ANCILLARIES	283	0	1,207,557.83	.00	.000	4266.99	33.76
INPATIENT CROSSOVERS	6	0	4,812.91	.00	.000	802.15	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,411	20,422	614,552.59	30.09	.571	139.32	17.18
MEDICAL	779	1,048	44,398.75	42.37	.029	56.99	1.24
SURGERY	461	546	14,737.79	26.99	.015	31.97	.41
PATHOLOGY	1,806	6,496	85,986.60	13.24	.182	47.61	2.40
RADIOLOGY	1,326	1,889	137,665.46	72.88	.053	103.82	3.85
ROOM USE	2,870	4,023	151,137.08	37.57	.112	52.66	4.22
CROSSOVERS/ALL OTH OUTPTNT	1,911	6,420	180,626.91	28.14	.179	94.52	5.05
@COUNTY HOSPITAL TOTAL	13	76	\$ 2,325.88	\$ 30.60	.002	\$ 178.91	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	76	2,325.88	30.60	.002	178.91	.07
MEDICAL	4	4	188.67	47.17	.000	47.17	.01
SURGERY	5	9	242.43	26.94	.000	48.49	.01
PATHOLOGY	5	22	564.27	25.65	.001	112.85	.02
RADIOLOGY	2	5	122.40	24.48	.000	61.20	.00
ROOM USE	9	18	999.42	55.52	.001	111.05	.03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
35,773 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	4,554	21,852	\$ 2,946,903.31	\$ 134.86	.611	\$ 647.10	\$ 82.38
COMM HOSP INPATIENT TOTAL	343	1,506	2,334,676.60	1550.25	.042	6806.64	65.26
HSC HOSPITALS	62	503	707,561.07	1406.68	.014	11412.28	19.78
NON-HSC HOSPITALS TOTAL	283	1,003	1,622,302.62	1617.45	.028	5732.52	45.35
ACCOMMODATIONS	283	1,003	414,744.79	413.50	.028	1465.53	11.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	283	1,003	414,744.79	413.50	.028	1465.53	11.59
ANCILLARIES	283	0	1,207,557.83	.00	.000	4266.99	33.76
INPATIENT CROSSOVERS	6	0	4,812.91	.00	.000	802.15	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,401	20,346	612,226.71	30.09	.569	139.11	17.11
MEDICAL	775	1,044	44,210.08	42.35	.029	57.05	1.24
SURGERY	456	537	14,495.36	26.99	.015	31.79	.41
PATHOLOGY	1,801	6,474	85,422.33	13.19	.181	47.43	2.39
RADIOLOGY	1,324	1,884	137,543.06	73.01	.053	103.88	3.84
ROOM USE	2,862	4,005	150,137.66	37.49	.112	52.46	4.20
CROSSOVERS/ALL OTH OUTPTNT	1,904	6,402	180,418.22	28.18	.179	94.76	5.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ 88.88	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	88.88	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	27	\$ 5,897.17	\$ 218.41	.001	\$ 842.45	\$.16
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	27	5,897.17	218.41	.001	842.45	.16
@REHABILITATION FACILITY	15	71	\$ 4,541.55	\$ 63.97	.002	\$ 302.77	\$.13
HOSPITAL BASED	15	71	4,541.55	63.97	.002	302.77	.13
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	725	1,672	\$ 28,780.68	\$ 17.21	.047	\$ 39.70	\$.80
PATHOLOGY	724	1,671	28,769.28	17.22	.047	39.74	.80
XO AND OTHERS	1	1	11.40	11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	2,601	4,186	\$ 421,161.82	\$ 100.61	.117	\$ 161.92	\$ 11.77
CLINIC	988	1,663	52,258.95	31.42	.046	52.89	1.46
SURGICENTER	11	61	2,126.84	34.87	.002	193.35	.06
HEROIN DETOX CLINIC	1	7	102.20	14.60	.000	102.20	.00
RURAL HEALTH CLINIC	1,628	2,455	366,673.83	149.36	.069	225.23	10.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,128
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

35,773 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,561	10,909	\$ 127,809.42	\$ 11.72	.305	\$ 81.88	\$ 3.57
DURABLE MED. EQUIP.	55	552	12,586.14	22.80	.015	228.84	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,419.78	473.26	.000	473.26	.04
MEDICAL TRANSPORTATION	173	1,898	36,246.89	19.10	.053	209.52	1.01
AMBULANCES/AIR TRANS	170	1,880	25,400.65	13.51	.053	149.42	.71
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	12	18	10,846.24	602.57	.001	903.85	.30
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	60	6,300.00	105.00	.002	106.78	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	302	650	5,863.31	9.02	.018	19.41	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	39	46	3,991.35	86.77	.001	102.34	.11
PROSTHETICS	39	46	3,991.35	86.77	.001	102.34	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	37	3,590.27	97.03	.001	224.39	.10
HOSPICE SERVICES	1	13	1,583.79	121.83	.000	1583.79	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	889	7,299	54,534.84	7.47	.204	61.34	1.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	350	1,666.02	4.76	.010	37.86	.05
@CALIF. CHILDREN SERVICES*	168	2,763	\$ 442,685.48	\$ 160.22	.077	\$ 2635.03	\$ 12.37
@XOVER EXCLUDING STATE HOSP**	124	1,267	\$ 13,802.68	\$ 10.89	.035	\$ 111.31	\$.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 MOP024 FEE-FOR-SERVICE/DENTAL
 NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PAGE 9,129
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45,388 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26,897	326,600	\$ 20,739,139.39	\$ 63.50	7.196	\$ 771.06	\$ 456.93
@PHYSICIANS SERVICES	8,923	27,657	\$ 993,503.39	\$ 35.92	.609	\$ 111.34	\$ 21.89
OUTPATIENT VISITS	5,851	8,322	313,091.68	37.62	.183	53.51	6.90
OFFICE VISITS	3,968	5,446	164,087.84	30.13	.120	41.35	3.62
HOME VISITS	2	2	164.55	82.28	.000	82.28	.00
EMERGENCY ROOM	2,050	2,558	130,604.68	51.06	.056	63.71	2.88
PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	.00
OB VISITS/COMPRE PERI	116	187	14,361.63	76.80	.004	123.81	.32
OTHER OUTPATIENT	119	127	3,780.76	29.77	.003	31.77	.08
INPATIENT VISITS	436	1,624	95,505.61	58.81	.036	219.05	2.10
HOSPITAL VISITS	392	1,283	58,302.06	45.44	.028	148.73	1.28
CRITICAL CARE	43	292	35,800.81	122.61	.006	832.58	.79
SNF/ICF/TRANS IP CARE	28	49	1,402.74	28.63	.001	50.10	.03
OPHTHALMOLOGICAL SERVICES	107	130	5,585.58	42.97	.003	52.20	.12

EXAMINATIONS	106	129		5,550.29		43.03	.003	52.36	.12
SERVICES AND MATERIALS	1	1		35.29		35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	397	2,679		200,110.62		74.70	.059	504.06	4.41
PRINCIPAL SURGEON	269	348		161,816.91		464.99	.008	601.55	3.57
ASSISTANT SURGEON	38	39		6,802.11		174.41	.001	179.00	.15
ANESTHESIOLOGIST	147	2,292		31,491.60		13.74	.050	214.23	.69
OUTPATIENT SURGERY	765	2,709		113,187.49		41.78	.060	147.96	2.49
PRINCIPAL SURGEON	688	862		96,408.55		111.84	.019	140.13	2.12
ASSISTANT SURGEON	3	3		251.93		83.98	.000	83.98	.01
ANESTHESIOLOGIST	123	1,844		16,527.01		8.96	.041	134.37	.36
DIALYSIS	13	71		2,891.03		40.72	.002	222.39	.06
PATHOLOGY	764	1,456		24,318.55		16.70	.032	31.83	.54
RADIOLOGY	1,802	3,116		98,443.34		31.59	.069	54.63	2.17
PSYCHIATRY	9	9		659.61		73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	221	541		35,015.80		64.72	.012	158.44	.77
OTHER SERVICES/ALL X-OVERS	1,961	7,000		104,694.08		14.96	.154	53.39	2.31
@PHARMACY	15,041	110,053	\$	4,742,810.24	\$	43.10	2.425	\$ 315.33	\$ 104.49
PRESCRIPTION DRUGS	14,906	59,358		4,683,998.23		78.91	1.308	314.24	103.20
SNF/ICF	2,782	20,833		1,132,291.89		54.35	.459	407.01	24.95
OUTPATIENTS	12,192	38,525		3,551,706.34		92.19	.849	291.31	78.25
MEDICAL SUPPLIES	595	50,695		58,812.01		1.16	1.117	98.84	1.30
@DENTIST	1,750	7,221	\$	261,910.19	\$	36.27	.159	\$ 149.66	\$ 5.77
VISITS - DIAGNOSTIC	1,228	4,334		74,755.70		17.25	.095	60.88	1.65
ORAL SURGERY	255	660		37,783.25		57.25	.015	148.17	.83
DRUGS	57	68		1,440.00		21.18	.001	25.26	.03
ANESTHESIA	2	4		300.00		75.00	.000	150.00	.01
PERIODONTICS	18	24		1,433.00		59.71	.001	79.61	.03
ENDODONTICS	110	198		27,972.00		141.27	.004	254.29	.62
RESTORATIVE DENTISTRY	603	1,560		84,989.84		54.48	.034	140.95	1.87
PROSTHETICS	5	5		150.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	76	223		28,713.40		128.76	.005	377.81	.63
SPACE MAINTAINERS	14	19		1,720.00		90.53	.000	122.86	.04

MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	40	2,080.00	52.00	.001	53.33	.05
ALL OTHER SERVICES	61	85	525.00	6.18	.002	8.61	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,130
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

45,388 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	466	1,371	\$	30,065.53	\$ 21.93	.030	\$ 64.52	\$.66
DIAGNOSTIC AND ANC. PROCED	313	326		13,936.60	42.75	.007	44.53	.31
EYE APPLIANCES	354	1,015		15,544.21	15.31	.022	43.91	.34
OTHER OPTOMETRIC SERVICES	21	30		584.72	19.49	.001	27.84	.01
@CHIROPRACTOR	227	350	\$	5,705.21	\$ 16.30	.008	\$ 25.13	\$.13
VISITS	223	342		5,576.12	16.30	.008	25.01	.12
OTHER SERVICES	4	8		129.09	16.14	.000	32.27	.00
@PODIATRIST	207	254	\$	4,194.41	\$ 16.51	.006	\$ 20.26	\$.09
MEDICINE/INJECTIONS	48	54		1,696.27	31.41	.001	35.34	.04
SURGERY/ANES.	6	6		464.37	77.40	.000	77.40	.01
RADIO./PATHOLOGY	6	7		132.78	18.97	.000	22.13	.00
OTHER	159	187		1,900.99	10.17	.004	11.96	.04
@HOME HEALTH AGENCY	34	184	\$	10,878.84	\$ 59.12	.004	\$ 319.97	\$.24
NURSE ANESTHESIST	1	24	\$	65.11	\$ 2.71	.001	\$ 65.11	\$.00
NURSE MIDWIFE	29	118	\$	10,798.07	\$ 91.51	.003	\$ 372.35	\$.24
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	113	132	\$	3,310.12	\$ 25.08	.003	\$ 29.29	\$.07
@TOTAL HOSPITAL	5,696	27,848	\$	3,972,616.27	\$ 142.65	.614	\$ 697.44	\$ 87.53
HOSP INPATIENT TOTAL	544	2,033		3,185,929.21	1567.11	.045	5856.49	70.19
HSC HOSPITALS	90	779		1,061,712.07	1362.92	.017	11796.80	23.39
NON-HSC HOSPITAL TOTAL	335	1,254		2,014,857.36	1606.74	.028	6014.50	44.39
ACCOMMODATIONS	335	1,254		591,845.68	471.97	.028	1766.70	13.04
ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.000	4028.74	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	334	1,249		587,816.94	470.63	.028	1759.93	12.95
ANCILLARIES	335	0		1,423,011.68	.00	.000	4247.80	31.35
INPATIENT CROSSOVERS	131	0		109,359.78	.00	.000	834.81	2.41
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,384	25,815		786,687.06	30.47	.569	146.12	17.33
MEDICAL	871	1,232		54,028.74	43.85	.027	62.03	1.19
SURGERY	503	593		16,930.05	28.55	.013	33.66	.37
PATHOLOGY	2,077	7,861		100,508.42	12.79	.173	48.39	2.21
RADIOLOGY	1,472	2,207		165,095.95	74.81	.049	112.16	3.64
ROOM USE	3,047	4,331		164,702.30	38.03	.095	54.05	3.63
CROSSOVERS/ALL OTH OUTPTNT	2,594	9,591		285,421.60	29.76	.211	110.03	6.29
@COUNTY HOSPITAL TOTAL	21	199	\$	159,199.69	\$ 800.00	.004	\$ 7580.94	\$ 3.51
CO HOSPITAL INPATIENT TOTAL	4	116		156,323.94	1347.62	.003	39080.99	3.44
HSC HOSPITALS	4	115		155,480.00	1352.00	.003	38870.00	3.43
NON-HSC HOSPITALS TOTAL	1	1		843.94	843.94	.000	843.94	.02
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		231.30	231.30	.000	231.30	.01
ANCILLARIES	1	0		612.64	.00	.000	612.64	.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	17	83	2,875.75	34.65	.002	169.16	.06
MEDICAL	5	5	235.21	47.04	.000	47.04	.01
SURGERY	6	11	367.83	33.44	.000	61.31	.01
PATHOLOGY	5	22	564.27	25.65	.000	112.85	.01
RADIOLOGY	4	7	427.76	61.11	.000	106.94	.01
ROOM USE	11	20	1,071.99	53.60	.000	97.45	.02
CROSSOVERS/ALL OTH OUTPTNT	9	18	208.69	11.59	.000	23.19	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,131
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	45,388 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,678	27,649	\$	3,813,416.58	\$ 137.92	.609	\$ 671.61	\$ 84.02
COMM HOSP INPATIENT TOTAL	540	1,917		3,029,605.27	1580.39	.042	5610.38	66.75
HSC HOSPITALS	86	664		906,232.07	1364.81	.015	10537.58	19.97
NON-HSC HOSPITALS TOTAL	334	1,253		2,014,013.42	1607.35	.028	6029.98	44.37
ACCOMMODATIONS	334	1,253		591,614.38	472.16	.028	1771.30	13.03
ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.000	4028.74	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	333	1,248		587,585.64	470.82	.027	1764.52	12.95
ANCILLARIES	334	0		1,422,399.04	.00	.000	4258.68	31.34
INPATIENT CROSSOVERS	131	0		109,359.78	.00	.000	834.81	2.41
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,370	25,732		783,811.31	30.46	.567	145.96	17.27
MEDICAL	866	1,227		53,793.53	43.84	.027	62.12	1.19
SURGERY	497	582		16,562.22	28.46	.013	33.32	.36
PATHOLOGY	2,072	7,839		99,944.15	12.75	.173	48.24	2.20
RADIOLOGY	1,468	2,200		164,668.19	74.85	.048	112.17	3.63
ROOM USE	3,037	4,311		163,630.31	37.96	.095	53.88	3.61
CROSSOVERS/ALL OTH OUTPTNT	2,587	9,573		285,212.91	29.79	.211	110.25	6.28
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2,881	88,606	\$	9,224,445.80	\$ 104.11	1.952	\$ 3201.82	\$ 203.24
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	2	111		11,085.17	99.87	.002	5542.59	.24
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,879	88,495		9,213,360.63	104.11	1.950	3200.19	202.99
@INTERMEDIATE CARE FACIL.-DD	13	367	\$	72,125.32	\$ 196.53	.008	\$ 5548.10	\$ 1.59
ICF DDH	1	1		163.45	163.45	.000	163.45	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	366		71,961.87	196.62	.008	5996.82	1.59
@HEMODIALYSIS TOTAL	67	1,027	\$	64,982.31	\$ 63.27	.023	\$ 969.89	\$ 1.43
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	67	1,027		64,982.31	63.27	.023	969.89	1.43
@REHABILITATION FACILITY	23	157	\$	5,979.35	\$ 38.09	.003	\$ 259.97	\$.13
HOSPITAL BASED	17	75		4,674.58	62.33	.002	274.98	.10
INDEPENDENT FACILITY	6	82		1,304.77	15.91	.002	217.46	.03
@LABORATORY FACILITY	782	1,885	\$	31,302.24	\$ 16.61	.042	\$ 40.03	\$.69
PATHOLOGY	767	1,844		31,078.27	16.85	.041	40.52	.68
XO AND OTHERS	15	41		223.97	5.46	.001	14.93	.00
@ORGANIZED OUTPATIENT CLINIC	3,065	4,976	\$	507,628.46	\$ 102.02	.110	\$ 165.62	\$ 11.18
CLINIC	1,036	1,740		54,791.83	31.49	.038	52.89	1.21

SURGICENTER	18	91	3,126.15	34.35	.002	173.68	.07
HEROIN DETOX CLINIC	1	7	102.20	14.60	.000	102.20	.00
RURAL HEALTH CLINIC	2,038	3,138	449,608.28	143.28	.069	220.61	9.91

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,132

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
45,388 ELIGIBLES							
@ALL OTHER PROVIDERS	2,633	54,369	\$ 796,761.33	\$ 14.65	1.198	\$ 302.61	\$ 17.55
DURABLE MED. EQUIP.	130	920	64,871.76	70.51	.020	499.01	1.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	31	32	12,752.61	398.52	.001	411.37	.28
MEDICAL TRANSPORTATION	265	4,782	52,914.18	11.07	.105	199.68	1.17
AMBULANCES/AIR TRANS	223	2,789	34,571.04	12.40	.061	155.03	.76
OTHER TRANS	35	1,960	5,675.76	2.90	.043	162.16	.13
OTHER SERVICES	17	33	12,667.38	383.86	.001	745.14	.28
ACUPUNCTURE	2	2	54.06	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	78	922	64,152.76	69.58	.020	822.47	1.41
GENETIC DISEASE TESTING	59	60	6,300.00	105.00	.001	106.78	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	51	1,422	62,312.28	43.82	.031	1221.81	1.37
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	425	934	9,267.29	9.92	.021	21.81	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	50	84	134.67	1.60	.002	2.69	.00
PROSTHETIST/ORTHOTISTS	52	86	7,621.00	88.62	.002	146.56	.17
PROSTHETICS	52	86	7,621.00	88.62	.002	146.56	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	43	97	7,830.50	80.73	.002	182.10	.17
HOSPICE SERVICES	123	3,447	392,366.13	113.83	.076	3189.97	8.64
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	962	26,475	94,591.11	3.57	.583	98.33	2.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	433	15,106	21,592.98	1.43	.333	49.87	.48
@CALIF. CHILDREN SERVICES*	186	2,904	\$ 451,123.82	\$ 155.35	.064	\$ 2425.40	\$ 9.94
@XOVER EXCLUDING STATE HOSP**	2,451	31,262	\$ 427,102.18	\$ 13.66	.689	\$ 174.26	\$ 9.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,133
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,086 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,421	38,324	\$ 388,078.66	\$ 10.13	12.419	\$ 273.10	\$ 125.75
@PHYSICIANS SERVICES	618	1,412	\$ 59,615.53	\$ 42.22	.458	\$ 96.47	\$ 19.32
OUTPATIENT VISITS	465	603	22,154.12	36.74	.195	47.64	7.18
OFFICE VISITS	302	373	11,327.80	30.37	.121	37.51	3.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	156	187	9,145.75	48.91	.061	58.63	2.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	17	874.92	51.47	.006	109.37	.28

OTHER OUTPATIENT	20	26		805.65	30.99	.008	40.28	.26
INPATIENT VISITS	28	83		4,111.44	49.54	.027	146.84	1.33
HOSPITAL VISITS	28	79		3,242.63	41.05	.026	115.81	1.05
CRITICAL CARE	1	4		868.81	217.20	.001	868.81	.28
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	10		454.07	45.41	.003	45.41	.15
EXAMINATIONS	10	10		454.07	45.41	.003	45.41	.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	164		12,969.72	79.08	.053	589.53	4.20
PRINCIPAL SURGEON	13	15		9,794.07	652.94	.005	753.39	3.17
ASSISTANT SURGEON	2	2		238.25	119.13	.001	119.13	.08
ANESTHESIOLOGIST	9	147		2,937.40	19.98	.048	326.38	.95
OUTPATIENT SURGERY	57	122		9,277.93	76.05	.040	162.77	3.01
PRINCIPAL SURGEON	53	70		8,028.81	114.70	.023	151.49	2.60
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	52		1,249.12	24.02	.017	96.09	.40
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	44	72		736.63	10.23	.023	16.74	.24
RADIOLOGY	124	188		6,299.11	33.51	.061	50.80	2.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	20	47		896.33	19.07	.015	44.82	.29
OTHER SERVICES/ALL X-OVERS	64	123		2,716.18	22.08	.040	42.44	.88
@PHARMACY	580	13,583	\$	74,127.66	\$ 5.46	4.401	\$ 127.81	\$ 24.02
PRESCRIPTION DRUGS	555	1,109		64,965.45	58.58	.359	117.05	21.05
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	555	1,109		64,965.45	58.58	.359	117.05	21.05
MEDICAL SUPPLIES	61	12,474		9,162.21	.73	4.042	150.20	2.97
@DENTIST	82	451	\$	13,561.75	\$ 30.07	.146	\$ 165.39	\$ 4.39
VISITS - DIAGNOSTIC	59	272		4,583.00	16.85	.088	77.68	1.49
ORAL SURGERY	13	26		993.75	38.22	.008	76.44	.32
DRUGS	8	10		225.00	22.50	.003	28.13	.07
ANESTHESIA	1	2		100.00	50.00	.001	100.00	.03
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	9	20		1,797.00	89.85	.006	199.67	.58
RESTORATIVE DENTISTRY	31	102		4,893.00	47.97	.033	157.84	1.59
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2		120.00	60.00	.001	60.00	.04
MAXILLOFACIAL SERVICES	1	2		150.00	75.00	.001	150.00	.05
FRACTURES, DISLOCATIONS	1	1		700.00	700.00	.000	700.00	.23
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	14		.00	.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,134
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							

3,086 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	18	66	\$ 1,381.09	\$ 20.93	.021	\$ 76.73	\$.45	
DIAGNOSTIC AND ANC. PROCED	15	16	663.69	41.48	.005	44.25	.22	
EYE APPLIANCES	17	50	717.40	14.35	.016	42.20	.23	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	14	22	\$ 363.66	\$ 16.53	.007	\$ 25.98	\$.12	
VISITS	14	22	363.66	16.53	.007	25.98	.12	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	3	5	\$ 223.20	\$ 44.64	.002	\$ 74.40	\$.07	

MEDICINE/INJECTIONS	3	4		208.20	52.05	.001	69.40	.07
SURGERY/ANES.	1	1		15.00	15.00	.000	15.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	498	\$	14,756.43	\$ 29.63	.161	\$ 2459.41	\$ 4.78
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	8	10	\$	256.43	\$ 25.64	.003	\$ 32.05	\$.08
@TOTAL HOSPITAL	365	1,567	\$	153,040.65	\$ 97.66	.508	\$ 419.29	\$ 49.59
HOSP INPATIENT TOTAL	18	76		111,441.68	1466.34	.025	6191.20	36.11
HSC HOSPITALS	6	30		39,447.00	1314.90	.010	6574.50	12.78
NON-HSC HOSPITAL TOTAL	12	46		71,994.68	1565.10	.015	5999.56	23.33
ACCOMMODATIONS	12	46		21,674.46	471.18	.015	1806.21	7.02
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	46		21,674.46	471.18	.015	1806.21	7.02
ANCILLARIES	12	0		50,320.22	.00	.000	4193.35	16.31
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	356	1,491		41,598.97	27.90	.483	116.85	13.48
MEDICAL	61	74		2,203.77	29.78	.024	36.13	.71
SURGERY	38	41		1,102.54	26.89	.013	29.01	.36
PATHOLOGY	161	545		7,088.00	13.01	.177	44.02	2.30
RADIOLOGY	92	134		10,811.60	80.68	.043	117.52	3.50
ROOM USE	244	343		12,458.36	36.32	.111	51.06	4.04
CROSSOVERS/ALL OTH OUTPTNT	122	354		7,934.70	22.41	.115	65.04	2.57
@COUNTY HOSPITAL TOTAL	1	3	\$	105.37	\$ 35.12	.001	\$ 105.37	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	105.37	35.12	.001	105.37	.03
MEDICAL	1	1	31.59	31.59	.000	31.59	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	52.52	52.52	.000	52.52	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	21.26	21.26	.000	21.26	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,135
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

3,086 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	364	1,564	\$ 152,935.28	\$ 97.78	.507	\$ 420.15	\$ 49.56
COMM HOSP INPATIENT TOTAL	18	76	111,441.68	1466.34	.025	6191.20	36.11
HSC HOSPITALS	6	30	39,447.00	1314.90	.010	6574.50	12.78
NON-HSC HOSPITALS TOTAL	12	46	71,994.68	1565.10	.015	5999.56	23.33
ACCOMMODATIONS	12	46	21,674.46	471.18	.015	1806.21	7.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	46	21,674.46	471.18	.015	1806.21	7.02
ANCILLARIES	12	0	50,320.22	.00	.000	4193.35	16.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	355	1,488	41,493.60	27.89	.482	116.88	13.45
MEDICAL	60	73	2,172.18	29.76	.024	36.20	.70
SURGERY	38	41	1,102.54	26.89	.013	29.01	.36
PATHOLOGY	161	545	7,088.00	13.01	.177	44.02	2.30
RADIOLOGY	92	134	10,811.60	80.68	.043	117.52	3.50
ROOM USE	243	342	12,405.84	36.27	.111	51.05	4.02
CROSSOVERS/ALL OTH OUTPTNT	121	353	7,913.44	22.42	.114	65.40	2.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	12	73	\$ 1,236.38	\$ 16.94	.024	\$ 103.03	\$.40
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	12	73		1,236.38	16.94	.024	103.03	.40
@LABORATORY FACILITY	50	104	\$	1,945.67	\$ 18.71	.034	\$ 38.91	\$.63
PATHOLOGY	50	104		1,945.67	18.71	.034	38.91	.63
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	168	328	\$	21,554.74	\$ 65.72	.106	\$ 128.30	\$ 6.98
CLINIC	94	215		5,474.88	25.46	.070	58.24	1.77
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	79	113		16,079.86	142.30	.037	203.54	5.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,136
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	3,086 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	127		20,205	\$ 46,015.47	\$ 2.28	6.547	\$ 362.33	\$ 14.91
DURABLE MED. EQUIP.	22		79	6,004.55	76.01	.026	272.93	1.95
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6		72	1,050.22	14.59	.023	175.04	.34
AMBULANCES/AIR TRANS	6		72	1,050.22	14.59	.023	175.04	.34
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4		4	420.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	29		63	555.77	8.82	.020	19.16	.18
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5		6	1,531.57	255.26	.002	306.31	.50
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	67		13,980	35,149.43	2.51	4.530	524.62	11.39
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9		6,001	1,303.93	.22	1.945	144.88	.42
@CALIF. CHILDREN SERVICES*	62		3,163	\$ 35,569.75	\$ 11.25	1.025	\$ 573.71	\$ 11.53
@XOVER EXCLUDING STATE HOSP**	0		0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,137
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

	47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	116		520	\$ 85,268.31	\$ 163.98	11.064	\$ 735.07	\$ 1814.22
@PHYSICIANS SERVICES	54		159	\$ 12,683.96	\$ 79.77	3.383	\$ 234.89	\$ 269.87

OUTPATIENT VISITS	27	38	1,958.78	51.55	.809	72.55	41.68
OFFICE VISITS	4	4	68.89	17.22	.085	17.22	1.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	34	1,889.89	55.59	.723	78.75	40.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	11	582.88	52.99	.234	116.58	12.40
HOSPITAL VISITS	5	11	582.88	52.99	.234	116.58	12.40
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	36	7,188.95	199.69	.766	1437.79	152.96
PRINCIPAL SURGEON	4	15	6,280.60	418.71	.319	1570.15	133.63
ASSISTANT SURGEON	2	2	495.53	247.77	.043	247.77	10.54
ANESTHESIOLOGIST	2	19	412.82	21.73	.404	206.41	8.78
OUTPATIENT SURGERY	11	27	1,007.97	37.33	.574	91.63	21.45
PRINCIPAL SURGEON	8	8	564.54	70.57	.170	70.57	12.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	19	443.43	23.34	.404	110.86	9.43
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	51.94CR	25.97CR	.043	51.94CR	1.11CR
RADIOLOGY	19	36	1,585.53	44.04	.766	83.45	33.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	9	411.79	45.75	.191	68.63	8.76
@PHARMACY	9	14	\$ 1,265.51	\$ 90.39	.298	\$ 140.61	\$ 26.93
PRESCRIPTION DRUGS	9	14	1,265.51	90.39	.298	140.61	26.93
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	9	14	1,265.51	90.39	.298	140.61	26.93
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	7	24	\$ 54.00	\$ 2.25	.511	\$ 7.71	\$ 1.15
VISITS - DIAGNOSTIC	6	11	54.00	4.91	.234	9.00	1.15
ORAL SURGERY	1	4	.00	.00	.085	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	9	.00	.00	.191	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,138
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	120CR	\$	3,529.20CR	\$	29.41	2.553CR	\$	75.09CR
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	51	239	\$	71,782.60	\$	300.35	5.085	\$	1527.29
HOSP INPATIENT TOTAL	8	36		66,578.15		1849.39	.766		1416.56
HSC HOSPITALS	2	10		8,024.00		802.40	.213		170.72
NON-HSC HOSPITAL TOTAL	6	26		58,554.15		2252.08	.553		1245.83
ACCOMMODATIONS	6	26		18,891.31		726.59	.553		401.94
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	6	26		18,891.31		726.59	.553		401.94
ANCILLARIES	6	0		39,662.84		.00	.000		843.89
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	44	203		5,204.45		25.64	4.319		110.73
MEDICAL	15	23		665.91		28.95	.489		14.17
SURGERY	13	15		272.46		18.16	.319		5.80
PATHOLOGY	9	29		291.34		10.05	.617		6.20
RADIOLOGY	17	29		1,228.96		42.38	.617		26.15
ROOM USE	32	47		1,660.18		35.32	1.000		35.32
CROSSOVERS/ALL OTH OUTPTNT	22	60		1,085.60		18.09	1.277		23.10
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,139
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

47 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	51	239	\$	71,782.60	\$ 300.35	5.085	\$ 1407.50	\$ 1527.29
COMM HOSP INPATIENT TOTAL	8	36		66,578.15	1849.39	.766	8322.27	1416.56
HSC HOSPITALS	2	10		8,024.00	802.40	.213	4012.00	170.72
NON-HSC HOSPITALS TOTAL	6	26		58,554.15	2252.08	.553	9759.03	1245.83
ACCOMMODATIONS	6	26		18,891.31	726.59	.553	3148.55	401.94
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	26		18,891.31	726.59	.553	3148.55	401.94
ANCILLARIES	6	0		39,662.84	.00	.000	6610.47	843.89
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	203		5,204.45	25.64	4.319	118.28	110.73
MEDICAL	15	23		665.91	28.95	.489	44.39	14.17
SURGERY	13	15		272.46	18.16	.319	20.96	5.80
PATHOLOGY	9	29		291.34	10.05	.617	32.37	6.20
RADIOLOGY	17	29		1,228.96	42.38	.617	72.29	26.15
ROOM USE	32	47		1,660.18	35.32	1.000	51.88	35.32
CROSSOVERS/ALL OTH OUTPTNT	22	60		1,085.60	18.09	1.277	49.35	23.10
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	26	\$	542.00	\$ 20.85	.553	\$ 180.67	\$ 11.53
HOSPITAL BASED	3	26		542.00	20.85	.553	180.67	11.53
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	3	\$	44.61	\$ 14.87	.064	\$ 14.87	\$.95
PATHOLOGY	3	3		44.61	14.87	.064	14.87	.95
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	16.71	\$ 16.71	.021	\$ 16.71	\$.36
CLINIC	1	1		16.71	16.71	.021	16.71	.36
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,140
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	174	\$ 2,408.12	\$ 13.84	3.702	\$ 200.68	\$ 51.24
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	161	1,382.39	8.59	3.426	197.48	29.41
AMBULANCES/AIR TRANS	7	161	1,382.39	8.59	3.426	197.48	29.41
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	11.01	5.51	.043	11.01	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	11	1,014.72	92.25	.234	202.94	21.59
@CALIF. CHILDREN SERVICES*	4	24	\$ 3,868.40	\$ 161.18	.511	\$ 967.10	\$ 82.31
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

3,133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,537	38,844	\$ 473,346.97	\$ 12.19	12.398	\$ 307.97	\$ 151.08
@PHYSICIANS SERVICES	672	1,571	\$ 72,299.49	\$ 46.02	.501	\$ 107.59	\$ 23.08
OUTPATIENT VISITS	492	641	24,112.90	37.62	.205	49.01	7.70
OFFICE VISITS	306	377	11,396.69	30.23	.120	37.24	3.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	180	221	11,035.64	49.94	.071	61.31	3.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	17	874.92	51.47	.005	109.37	.28
OTHER OUTPATIENT	20	26	805.65	30.99	.008	40.28	.26
INPATIENT VISITS	33	94	4,694.32	49.94	.030	142.25	1.50
HOSPITAL VISITS	33	90	3,825.51	42.51	.029	115.92	1.22
CRITICAL CARE	1	4	868.81	217.20	.001	868.81	.28
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	10	454.07	45.41	.003	45.41	.14
EXAMINATIONS	10	10	454.07	45.41	.003	45.41	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	200	20,158.67	100.79	.064	746.62	6.43
PRINCIPAL SURGEON	17	30	16,074.67	535.82	.010	945.57	5.13
ASSISTANT SURGEON	4	4	733.78	183.45	.001	183.45	.23
ANESTHESIOLOGIST	11	166	3,350.22	20.18	.053	304.57	1.07
OUTPATIENT SURGERY	68	149	10,285.90	69.03	.048	151.26	3.28
PRINCIPAL SURGEON	61	78	8,593.35	110.17	.025	140.87	2.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	71	1,692.55	23.84	.023	99.56	.54
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	45	74	684.69	9.25	.024	15.22	.22
RADIOLOGY	143	224	7,884.64	35.20	.071	55.14	2.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	20	47	896.33	19.07	.015	44.82	.29
OTHER SERVICES/ALL X-OVERS	70	132	3,127.97	23.70	.042	44.69	1.00
@PHARMACY	589	13,597	\$ 75,393.17	\$ 5.54	4.340	\$ 128.00	\$ 24.06
PRESCRIPTION DRUGS	564	1,123	66,230.96	58.98	.358	117.43	21.14
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	564	1,123	66,230.96	58.98	.358	117.43	21.14
MEDICAL SUPPLIES	61	12,474	9,162.21	.73	3.981	150.20	2.92
@DENTIST	89	475	\$ 13,615.75	\$ 28.66	.152	\$ 152.99	\$ 4.35
VISITS - DIAGNOSTIC	65	283	4,637.00	16.39	.090	71.34	1.48
ORAL SURGERY	14	30	993.75	33.13	.010	70.98	.32
DRUGS	8	10	225.00	22.50	.003	28.13	.07
ANESTHESIA	1	2	100.00	50.00	.001	100.00	.03
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	9	20	1,797.00	89.85	.006	199.67	.57
RESTORATIVE DENTISTRY	34	111	4,893.00	44.08	.035	143.91	1.56
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	120.00	60.00	.001	60.00	.04
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00	.05
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.22
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	14	.00	.00	.004	.00	.00

NEVADA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

3,133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	18	66	\$ 1,381.09	\$ 20.93	.021	\$	76.73	\$.44
DIAGNOSTIC AND ANC. PROCED	15	16	663.69	41.48	.005		44.25	.21
EYE APPLIANCES	17	50	717.40	14.35	.016		42.20	.23
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	14	22	\$ 363.66	\$ 16.53	.007	\$	25.98	\$.12
VISITS	14	22	363.66	16.53	.007		25.98	.12
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	3	5	\$ 223.20	\$ 44.64	.002	\$	74.40	\$.07
MEDICINE/INJECTIONS	3	4	208.20	52.05	.001		69.40	.07
SURGERY/ANES.	1	1	15.00	15.00	.000		15.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	6	378	\$ 11,227.23	\$ 29.70	.121	\$	1871.21	\$ 3.58
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	8	10	\$ 256.43	\$ 25.64	.003	\$	32.05	\$.08
@TOTAL HOSPITAL	416	1,806	\$ 224,823.25	\$ 124.49	.576	\$	540.44	\$ 71.76
HOSP INPATIENT TOTAL	26	112	178,019.83	1589.46	.036		6846.92	56.82
HSC HOSPITALS	8	40	47,471.00	1186.78	.013		5933.88	15.15
NON-HSC HOSPITAL TOTAL	18	72	130,548.83	1813.18	.023		7252.71	41.67
ACCOMMODATIONS	18	72	40,565.77	563.41	.023		2253.65	12.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	18	72	40,565.77	563.41	.023		2253.65	12.95
ANCILLARIES	18	0	89,983.06	.00	.000		4999.06	28.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	400	1,694	46,803.42	27.63	.541		117.01	14.94
MEDICAL	76	97	2,869.68	29.58	.031		37.76	.92
SURGERY	51	56	1,375.00	24.55	.018		26.96	.44
PATHOLOGY	170	574	7,379.34	12.86	.183		43.41	2.36
RADIOLOGY	109	163	12,040.56	73.87	.052		110.46	3.84
ROOM USE	276	390	14,118.54	36.20	.124		51.15	4.51
CROSSOVERS/ALL OTH OUTPTNT	144	414	9,020.30	21.79	.132		62.64	2.88
@COUNTY HOSPITAL TOTAL	1	3	\$ 105.37	\$ 35.12	.001	\$	105.37	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	105.37	35.12	.001		105.37	.03
MEDICAL	1	1	31.59	31.59	.000		31.59	.01
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	1	1	52.52	52.52	.000		52.52	.02

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,133 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	415	1,803	\$ 224,717.88	\$ 124.64	.575	\$ 541.49	\$ 71.73
COMM HOSP INPATIENT TOTAL	26	112	178,019.83	1589.46	.036	6846.92	56.82
HSC HOSPITALS	8	40	47,471.00	1186.78	.013	5933.88	15.15
NON-HSC HOSPITALS TOTAL	18	72	130,548.83	1813.18	.023	7252.71	41.67
ACCOMMODATIONS	18	72	40,565.77	563.41	.023	2253.65	12.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	72	40,565.77	563.41	.023	2253.65	12.95
ANCILLARIES	18	0	89,983.06	.00	.000	4999.06	28.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	399	1,691	46,698.05	27.62	.540	117.04	14.91
MEDICAL	75	96	2,838.09	29.56	.031	37.84	.91
SURGERY	51	56	1,375.00	24.55	.018	26.96	.44
PATHOLOGY	170	574	7,379.34	12.86	.183	43.41	2.36
RADIOLOGY	109	163	12,040.56	73.87	.052	110.46	3.84
ROOM USE	275	389	14,066.02	36.16	.124	51.15	4.49
CROSSOVERS/ALL OTH OUTPTNT	143	413	8,999.04	21.79	.132	62.93	2.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	15	99	\$ 1,778.38	\$ 17.96	.032	\$ 118.56	\$.57
HOSPITAL BASED	3	26	542.00	20.85	.008	180.67	.17
INDEPENDENT FACILITY	12	73	1,236.38	16.94	.023	103.03	.39
@LABORATORY FACILITY	53	107	\$ 1,990.28	\$ 18.60	.034	\$ 37.55	\$.64
PATHOLOGY	53	107	1,990.28	18.60	.034	37.55	.64
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	169	329	\$ 21,571.45	\$ 65.57	.105	\$ 127.64	\$ 6.89
CLINIC	95	216	5,491.59	25.42	.069	57.81	1.75
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	79	113	16,079.86	142.30	.036	203.54	5.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,144
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

3,133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	139	20,379	\$ 48,423.59	\$ 2.38	6.505	\$ 348.37	\$ 15.46
DURABLE MED. EQUIP.	22	79	6,004.55	76.01	.025	272.93	1.92
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	233	2,432.61	10.44	.074	187.12	.78
AMBULANCES/AIR TRANS	13	233	2,432.61	10.44	.074	187.12	.78
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.001	105.00	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	30	65	566.78	8.72	.021	18.89	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	6	1,531.57	255.26	.002	306.31	.49
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	67	13,980	35,149.43	2.51	4.462	524.62	11.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	6,012	2,318.65	.39	1.919	165.62	.74
@CALIF. CHILDREN SERVICES*	66	3,187	\$ 39,438.15	\$ 12.37	1.017	\$ 597.55	\$ 12.59

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,145

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,146
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,147
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,148
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,149
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	130	1,042	\$ 88,070.68	\$ 84.52	10.968	\$ 677.47	\$ 927.06
@PHYSICIANS SERVICES	53	154	\$ 13,623.28	\$ 88.46	1.621	\$ 257.04	\$ 143.40
OUTPATIENT VISITS	27	35	2,225.82	63.59	.368	82.44	23.43
OFFICE VISITS	13	15	712.88	47.53	.158	54.84	7.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8	404.30	50.54	.084	57.76	4.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	11	12	1,108.64	92.39	.126	100.79	11.67

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	11	27		1,625.23	60.19	.284	147.75	17.11
HOSPITAL VISITS	10	22		943.51	42.89	.232	94.35	9.93
CRITICAL CARE	1	5		681.72	136.34	.053	681.72	7.18
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	27		6,782.70	251.21	.284	678.27	71.40
PRINCIPAL SURGEON	8	8		5,657.49	707.19	.084	707.19	59.55
ASSISTANT SURGEON	3	3		559.50	186.50	.032	186.50	5.89
ANESTHESIOLOGIST	3	16		565.71	35.36	.168	188.57	5.95
OUTPATIENT SURGERY	5	9		435.71	48.41	.095	87.14	4.59
PRINCIPAL SURGEON	5	8		387.26	48.41	.084	77.45	4.08
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		48.45	48.45	.011	48.45	.51
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	9	21		885.06	42.15	.221	98.34	9.32
RADIOLOGY	22	25		1,417.81	56.71	.263	64.45	14.92
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3		19.06	6.35	.032	19.06	.20
OTHER SERVICES/ALL X-OVERS	5	7		231.89	33.13	.074	46.38	2.44
@PHARMACY	31	58	\$	1,643.34	28.33	.611	53.01	17.30
PRESCRIPTION DRUGS	31	54		1,359.84	25.18	.568	43.87	14.31
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	31	54		1,359.84	25.18	.568	43.87	14.31
MEDICAL SUPPLIES	2	4		283.50	70.88	.042	141.75	2.98
@DENTIST	4	10	\$	212.00	21.20	.105	53.00	2.23
VISITS - DIAGNOSTIC	4	10		212.00	21.20	.105	53.00	2.23
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,150
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	4	16 \$	345.18	\$ 21.57	.168	\$ 86.30	\$ 3.63	
DIAGNOSTIC AND ANC. PROCED	4	4	173.78	43.45	.042	43.45	1.83	
EYE APPLIANCES	4	12	171.40	14.28	.126	42.85	1.80	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	1	2 \$	104.99	\$ 52.50	.021	\$ 104.99	\$ 1.11	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	3	6 \$	386.35	\$ 64.39	.063	\$ 128.78	\$ 4.07	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	65	651 \$	66,503.35	\$ 102.16	6.853	\$ 1023.13	\$ 700.04	
HOSP INPATIENT TOTAL	11	47	50,696.30	1078.64	.495	4608.75	533.65	
HSC HOSPITALS	2	5	7,330.00	1466.00	.053	3665.00	77.16	
NON-HSC HOSPITAL TOTAL	9	42	43,366.30	1032.53	.442	4818.48	456.49	
ACCOMMODATIONS	9	42	14,809.84	352.62	.442	1645.54	155.89	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	9	42	14,809.84	352.62	.442	1645.54	155.89	
ANCILLARIES	9	0	28,556.46	.00	.000	3172.94	300.59	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	61	604	15,807.05	26.17	6.358	259.13	166.39	
MEDICAL	6	6	410.10	68.35	.063	68.35	4.32	
SURGERY	3	3	48.36	16.12	.032	16.12	.51	
PATHOLOGY	46	193	2,721.14	14.10	2.032	59.16	28.64	
RADIOLOGY	11	12	1,242.79	103.57	.126	112.98	13.08	
ROOM USE	44	87	3,062.41	35.20	.916	69.60	32.24	
CROSSOVERS/ALL OTH OUTPTNT	41	303	8,322.25	27.47	3.189	202.98	87.60	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,151
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	65	651	\$ 66,503.35	\$ 102.16	6.853	\$ 1023.13	\$ 700.04
COMM HOSP INPATIENT TOTAL	11	47	50,696.30	1078.64	.495	4608.75	533.65
HSC HOSPITALS	2	5	7,330.00	1466.00	.053	3665.00	77.16
NON-HSC HOSPITALS TOTAL	9	42	43,366.30	1032.53	.442	4818.48	456.49
ACCOMMODATIONS	9	42	14,809.84	352.62	.442	1645.54	155.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	14,809.84	352.62	.442	1645.54	155.89
ANCILLARIES	9	0	28,556.46	.00	.000	3172.94	300.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61	604	15,807.05	26.17	6.358	259.13	166.39
MEDICAL	6	6	410.10	68.35	.063	68.35	4.32
SURGERY	3	3	48.36	16.12	.032	16.12	.51
PATHOLOGY	46	193	2,721.14	14.10	2.032	59.16	28.64
RADIOLOGY	11	12	1,242.79	103.57	.126	112.98	13.08
ROOM USE	44	87	3,062.41	35.20	.916	69.60	32.24
CROSSOVERS/ALL OTH OUTPTNT	41	303	8,322.25	27.47	3.189	202.98	87.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	14	28	\$	519.20	\$	18.54	.295	\$ 37.09	\$ 5.47
PATHOLOGY	14	28		519.20		18.54	.295	37.09	5.47
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	53	\$	3,739.00	\$	70.55	.558	\$ 267.07	\$ 39.36
CLINIC	6	40		1,356.55		33.91	.421	226.09	14.28
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	8	13		2,382.45		183.27	.137	297.81	25.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,152
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	64	\$ 993.99	\$ 15.53	.674	\$ 99.40	\$ 10.46
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	53	419.07	7.91	.558	209.54	4.41
AMBULANCES/AIR TRANS	2	53	419.07	7.91	.558	209.54	4.41
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.053	105.00	5.53
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	49.92	8.32	.063	16.64	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	2	\$ 2,980.00	\$ 1490.00	.021	\$ 2980.00	\$ 31.37
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,153
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	130	1,042	\$ 88,070.68	\$ 84.52	10.968	\$ 677.47	\$ 927.06
@PHYSICIANS SERVICES	53	154	\$ 13,623.28	\$ 88.46	1.621	\$ 257.04	\$ 143.40

OUTPATIENT VISITS	27	35		2,225.82	63.59	.368	82.44	23.43
OFFICE VISITS	13	15		712.88	47.53	.158	54.84	7.50
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8		404.30	50.54	.084	57.76	4.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	11	12		1,108.64	92.39	.126	100.79	11.67
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	11	27		1,625.23	60.19	.284	147.75	17.11
HOSPITAL VISITS	10	22		943.51	42.89	.232	94.35	9.93
CRITICAL CARE	1	5		681.72	136.34	.053	681.72	7.18
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	27		6,782.70	251.21	.284	678.27	71.40
PRINCIPAL SURGEON	8	8		5,657.49	707.19	.084	707.19	59.55
ASSISTANT SURGEON	3	3		559.50	186.50	.032	186.50	5.89
ANESTHESIOLOGIST	3	16		565.71	35.36	.168	188.57	5.95
OUTPATIENT SURGERY	5	9		435.71	48.41	.095	87.14	4.59
PRINCIPAL SURGEON	5	8		387.26	48.41	.084	77.45	4.08
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		48.45	48.45	.011	48.45	.51
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	9	21		885.06	42.15	.221	98.34	9.32
RADIOLOGY	22	25		1,417.81	56.71	.263	64.45	14.92
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3		19.06	6.35	.032	19.06	.20
OTHER SERVICES/ALL X-OVERS	5	7		231.89	33.13	.074	46.38	2.44
@PHARMACY	31	58	\$	1,643.34	\$ 28.33	.611	\$ 53.01	\$ 17.30
PRESCRIPTION DRUGS	31	54		1,359.84	25.18	.568	43.87	14.31
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	31	54		1,359.84	25.18	.568	43.87	14.31
MEDICAL SUPPLIES	2	4		283.50	70.88	.042	141.75	2.98
@DENTIST	4	10	\$	212.00	\$ 21.20	.105	\$ 53.00	\$ 2.23
VISITS - DIAGNOSTIC	4	10		212.00	21.20	.105	53.00	2.23
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,154
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

						----- MONTHLY AVERAGE -----			
95 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	4	16	\$ 345.18	\$ 21.57	.168	\$ 86.30	\$ 3.63		
DIAGNOSTIC AND ANC. PROCED	4	4	173.78	43.45	.042	43.45	1.83		

EYE APPLIANCES	4	12		171.40	14.28	.126	42.85	1.80
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$ 52.50	.021	\$ 104.99	\$ 1.11
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	6	\$	386.35	\$ 64.39	.063	\$ 128.78	\$ 4.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	65	651	\$	66,503.35	\$ 102.16	6.853	\$ 1023.13	\$ 700.04
HOSP INPATIENT TOTAL	11	47		50,696.30	1078.64	.495	4608.75	533.65
HSC HOSPITALS	2	5		7,330.00	1466.00	.053	3665.00	77.16
NON-HSC HOSPITAL TOTAL	9	42		43,366.30	1032.53	.442	4818.48	456.49
ACCOMMODATIONS	9	42		14,809.84	352.62	.442	1645.54	155.89
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42		14,809.84	352.62	.442	1645.54	155.89
ANCILLARIES	9	0		28,556.46	.00	.000	3172.94	300.59
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61	604		15,807.05	26.17	6.358	259.13	166.39
MEDICAL	6	6		410.10	68.35	.063	68.35	4.32
SURGERY	3	3		48.36	16.12	.032	16.12	.51
PATHOLOGY	46	193		2,721.14	14.10	2.032	59.16	28.64
RADIOLOGY	11	12		1,242.79	103.57	.126	112.98	13.08
ROOM USE	44	87		3,062.41	35.20	.916	69.60	32.24

CROSSOVERS/ALL OTH OUTPTNT	41	303		8,322.25		27.47	3.189	202.98	87.60
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,155
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	65		651	\$ 66,503.35	\$ 102.16	6.853	\$ 1023.13	\$ 700.04
COMM HOSP INPATIENT TOTAL	11		47	50,696.30	1078.64	.495	4608.75	533.65
HSC HOSPITALS	2		5	7,330.00	1466.00	.053	3665.00	77.16
NON-HSC HOSPITALS TOTAL	9		42	43,366.30	1032.53	.442	4818.48	456.49
ACCOMMODATIONS	9		42	14,809.84	352.62	.442	1645.54	155.89
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9		42	14,809.84	352.62	.442	1645.54	155.89
ANCILLARIES	9		0	28,556.46	.00	.000	3172.94	300.59
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61		604	15,807.05	26.17	6.358	259.13	166.39
MEDICAL	6		6	410.10	68.35	.063	68.35	4.32
SURGERY	3		3	48.36	16.12	.032	16.12	.51
PATHOLOGY	46		193	2,721.14	14.10	2.032	59.16	28.64
RADIOLOGY	11		12	1,242.79	103.57	.126	112.98	13.08
ROOM USE	44		87	3,062.41	35.20	.916	69.60	32.24
CROSSOVERS/ALL OTH OUTPTNT	41		303	8,322.25	27.47	3.189	202.98	87.60
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	28	\$	519.20	\$ 18.54	.295	\$ 37.09	\$ 5.47
PATHOLOGY	14	28		519.20	18.54	.295	37.09	5.47
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	53	\$	3,739.00	\$ 70.55	.558	\$ 267.07	\$ 39.36
CLINIC	6	40		1,356.55	33.91	.421	226.09	14.28
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	13		2,382.45	183.27	.137	297.81	25.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,156
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	64	\$ 993.99	\$ 15.53	.674	\$ 99.40	\$ 10.46
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	53	419.07	7.91	.558	209.54	4.41
AMBULANCES/AIR TRANS	2	53	419.07	7.91	.558	209.54	4.41
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.053	105.00	5.53
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	49.92	8.32	.063	16.64	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	2	\$ 2,980.00	\$ 1490.00	.021	\$ 2980.00	\$ 31.37
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,157
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	24	1,124	\$ 65,550.60	\$ 58.32	59.158	\$ 2731.28	\$ 3450.03	
@PHYSICIANS SERVICES	6	9	\$ 176.11	\$ 19.57	.474	\$ 29.35	\$ 9.27	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	5	7	132.05	18.86	.368	26.41	6.95	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	5	7	132.05	18.86	.368	26.41	6.95	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	1	20.76	20.76	.053	20.76	1.09	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	1	1	23.30	23.30	.053	23.30	1.23	
@PHARMACY	14	103	\$ 7,027.92	\$ 68.23	5.421	\$ 501.99	\$ 369.89	
PRESCRIPTION DRUGS	13	101	7,020.92	69.51	5.316	540.07	369.52	
SNF/ICF	10	96	6,763.76	70.46	5.053	676.38	355.99	
OUTPATIENTS	3	5	257.16	51.43	.263	85.72	13.53	
MEDICAL SUPPLIES	1	2	7.00	3.50	.105	7.00	.37	
@DENTIST	2	2	\$ 25.00	\$ 12.50	.105	\$ 12.50	\$ 1.32	
VISITS - DIAGNOSTIC	2	2	25.00	12.50	.105	12.50	1.32	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

NEVADA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.053	\$ 47.45	\$ 2.50
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.053	47.45	2.50
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	13	\$ 277.37	\$ 21.34	.684	\$ 92.46	\$ 14.60
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	13	277.37	21.34	.684	92.46	14.60
MEDICAL	2	2	69.95	34.98	.105	34.98	3.68
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	85.47	12.21	.368	42.74	4.50
RADIOLOGY	1	1	44.83	44.83	.053	44.83	2.36
ROOM USE	1	1	49.77	49.77	.053	49.77	2.62
CROSSOVERS/ALL OTH OUTPTNT	1	2	27.35	13.68	.105	27.35	1.44
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	13	\$ 277.37	\$ 21.34	.684	\$ 92.46	\$ 14.60
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	13	277.37	21.34	.684	92.46	14.60
MEDICAL	2	2	69.95	34.98	.105	34.98	3.68
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	85.47	12.21	.368	42.74	4.50
RADIOLOGY	1	1	44.83	44.83	.053	44.83	2.36
ROOM USE	1	1	49.77	49.77	.053	49.77	2.62
CROSSOVERS/ALL OTH OUTPTNT	1	2	27.35	13.68	.105	27.35	1.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	514	\$ 56,515.14	\$ 109.95	27.053	\$ 4036.80	\$ 2974.48
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	514	56,515.14	109.95	27.053	4036.80	2974.48
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	\$.00	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	10	\$ 109.56	\$ 10.96	.526	\$ 15.65	\$ 5.77
PATHOLOGY	7	10	109.56	10.96	.526	15.65	5.77
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,160
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC						AID CODE 53

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	472	\$ 1,372.05	\$ 2.91	24.842	\$ 274.41	\$ 72.21
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	472	1,372.05	2.91	24.842	274.41	72.21
AMBULANCES/AIR TRANS	3	84	627.95	7.48	4.421	209.32	33.05
OTHER TRANS	2	388	744.10	1.92	20.421	372.05	39.16
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 2 2 \$ 69.30 \$ 34.65 .105 \$ 34.65 \$ 3.65
 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,161
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	5	\$ 198.77	\$ 39.75	2.500	\$ 66.26	\$ 99.39
@PHYSICIANS SERVICES	1	1	\$ 37.73	\$ 37.73	.500	\$ 37.73	\$ 18.87
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	37.73	37.73	.500	37.73	18.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,162
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	2	4	\$ 161.04	\$ 40.26	2.000	\$ 80.52	\$ 80.52	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2	4	161.04	40.26	2.000	80.52	80.52	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	1	58.41	58.41	.500	58.41	29.21	
ROOM USE	2	3	102.63	34.21	1.500	51.32	51.32	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,163
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$ 161.04	\$ 40.26	2.000	\$ 80.52	\$ 80.52
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	161.04	40.26	2.000	80.52	80.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	58.41	58.41	.500	58.41	29.21
ROOM USE	2	3	102.63	34.21	1.500	51.32	51.32
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,164
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,165
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27	1,129	\$ 65,749.37	\$ 58.24	53.762	\$ 2435.16	\$ 3130.92
@PHYSICIANS SERVICES	7	10	\$ 213.84	\$ 21.38	.476	\$ 30.55	\$ 10.18
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	7	132.05	18.86	.333	26.41	6.29
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	7	132.05	18.86	.333	26.41	6.29
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	58.49	29.25	.095	29.25	2.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	23.30	23.30	.048	23.30	1.11
@PHARMACY	14	103	\$ 7,027.92	\$ 68.23	4.905	\$ 501.99	\$ 334.66
PRESCRIPTION DRUGS	13	101	7,020.92	69.51	4.810	540.07	334.33
SNF/ICF	10	96	6,763.76	70.46	4.571	676.38	322.08
OUTPATIENTS	3	5	257.16	51.43	.238	85.72	12.25
MEDICAL SUPPLIES	1	2	7.00	3.50	.095	7.00	.33
@DENTIST	2	2	\$ 25.00	\$ 12.50	.095	\$ 12.50	\$ 1.19
VISITS - DIAGNOSTIC	2	2	25.00	12.50	.095	12.50	1.19
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,166
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.048	\$ 47.45	\$	2.26
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.048	47.45		2.26
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00		.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00		.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00		.00
@TOTAL HOSPITAL	5	17	\$ 438.41	\$ 25.79	.810	\$ 87.68	\$	20.88
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5	17	438.41	25.79	.810	87.68		20.88
MEDICAL	2	2	69.95	34.98	.095	34.98		3.33
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	2	7	85.47	12.21	.333	42.74		4.07
RADIOLOGY	2	2	103.24	51.62	.095	51.62		4.92
ROOM USE	3	4	152.40	38.10	.190	50.80		7.26
CROSSOVERS/ALL OTH OUTPTNT	1	2	27.35	13.68	.095	27.35		1.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,167
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	17	\$ 438.41	\$ 25.79	.810	\$ 87.68	\$ 20.88
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	17	438.41	25.79	.810	87.68	20.88
MEDICAL	2	2	69.95	34.98	.095	34.98	3.33
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	85.47	12.21	.333	42.74	4.07
RADIOLOGY	2	2	103.24	51.62	.095	51.62	4.92
ROOM USE	3	4	152.40	38.10	.190	50.80	7.26
CROSSOVERS/ALL OTH OUTPTNT	1	2	27.35	13.68	.095	27.35	1.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	514	\$ 56,515.14	\$ 109.95	24.476	\$ 4036.80	\$ 2691.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	514	56,515.14	109.95	24.476	4036.80	2691.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	10	\$	109.56	\$	10.96	.476	\$ 15.65	\$ 5.22
PATHOLOGY	7	10		109.56		10.96	.476	15.65	5.22
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,168
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	472	\$ 1,372.05	\$ 2.91	22.476	\$ 274.41	\$ 65.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	472	1,372.05	2.91	22.476	274.41	65.34
AMBULANCES/AIR TRANS	3	84	627.95	7.48	4.000	209.32	29.90
OTHER TRANS	2	388	744.10	1.92	18.476	372.05	35.43
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 69.30	\$ 34.65	.095	\$ 34.65	\$ 3.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,169
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,170
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,171
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,172
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	157	2,171	\$ 153,820.05	\$ 70.85	18.716	\$ 979.75	\$ 1326.03	
@PHYSICIANS SERVICES	60	164	\$ 13,837.12	\$ 84.37	1.414	\$ 230.62	\$ 119.29	
OUTPATIENT VISITS	27	35	2,225.82	63.59	.302	82.44	19.19	
OFFICE VISITS	13	15	712.88	47.53	.129	54.84	6.15	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	7	8	404.30	50.54	.069	57.76	3.49	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	11	12	1,108.64	92.39	.103	100.79	9.56	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	16	34	1,757.28	51.68	.293	109.83	15.15	
HOSPITAL VISITS	10	22	943.51	42.89	.190	94.35	8.13	
CRITICAL CARE	1	5	681.72	136.34	.043	681.72	5.88	
SNF/ICF/TRANS IP CARE	5	7	132.05	18.86	.060	26.41	1.14	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	10	27	6,782.70	251.21	.233	678.27	58.47	
PRINCIPAL SURGEON	8	8	5,657.49	707.19	.069	707.19	48.77	
ASSISTANT SURGEON	3	3	559.50	186.50	.026	186.50	4.82	
ANESTHESIOLOGIST	3	16	565.71	35.36	.138	188.57	4.88	
OUTPATIENT SURGERY	5	9	435.71	48.41	.078	87.14	3.76	
PRINCIPAL SURGEON	5	8	387.26	48.41	.069	77.45	3.34	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	1	48.45	48.45	.009	48.45	.42	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	9	21	885.06	42.15	.181	98.34	7.63	
RADIOLOGY	24	27	1,476.30	54.68	.233	61.51	12.73	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	3	19.06	6.35	.026	19.06	.16	
OTHER SERVICES/ALL X-OVERS	6	8	255.19	31.90	.069	42.53	2.20	
@PHARMACY	45	161	\$ 8,671.26	\$ 53.86	1.388	\$ 192.69	\$ 74.75	
PRESCRIPTION DRUGS	44	155	8,380.76	54.07	1.336	190.47	72.25	
SNF/ICF	10	96	6,763.76	70.46	.828	676.38	58.31	
OUTPATIENTS	34	59	1,617.00	27.41	.509	47.56	13.94	
MEDICAL SUPPLIES	3	6	290.50	48.42	.052	96.83	2.50	
@DENTIST	6	12	\$ 237.00	\$ 19.75	.103	\$ 39.50	\$ 2.04	
VISITS - DIAGNOSTIC	6	12	237.00	19.75	.103	39.50	2.04	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

NEVADA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	5	17	\$ 392.63	\$ 23.10	.147		\$ 78.53	\$ 3.38
DIAGNOSTIC AND ANC. PROCED	5	5	221.23	44.25	.043		44.25	1.91
EYE APPLIANCES	4	12	171.40	14.28	.103		42.85	1.48
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.017		\$ 104.99	\$.91
NURSE ANESTHESIST	0	0	.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	3	6	\$ 386.35	\$ 64.39	.052		\$ 128.78	\$ 3.33
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	70	668	\$ 66,941.76	\$ 100.21	5.759		\$ 956.31	\$ 577.08
HOSP INPATIENT TOTAL	11	47	50,696.30	1078.64	.405		4608.75	437.04
HSC HOSPITALS	2	5	7,330.00	1466.00	.043		3665.00	63.19
NON-HSC HOSPITAL TOTAL	9	42	43,366.30	1032.53	.362		4818.48	373.85
ACCOMMODATIONS	9	42	14,809.84	352.62	.362		1645.54	127.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	9	42	14,809.84	352.62	.362		1645.54	127.67
ANCILLARIES	9	0	28,556.46	.00	.000		3172.94	246.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	66	621		16,245.46		26.16	5.353	246.14	140.05
MEDICAL	8	8		480.05		60.01	.069	60.01	4.14
SURGERY	3	3		48.36		16.12	.026	16.12	.42
PATHOLOGY	48	200		2,806.61		14.03	1.724	58.47	24.19
RADIOLOGY	13	14		1,346.03		96.15	.121	103.54	11.60
ROOM USE	47	91		3,214.81		35.33	.784	68.40	27.71
CROSSOVERS/ALL OTH OUTPTNT	42	305		8,349.60		27.38	2.629	198.80	71.98
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,175
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						----- MONTHLY AVERAGE -----		
116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	70	668	\$ 66,941.76	\$ 100.21	5.759	\$ 956.31	\$ 577.08	
COMM HOSP INPATIENT TOTAL	11	47	50,696.30	1078.64	.405	4608.75	437.04	
HSC HOSPITALS	2	5	7,330.00	1466.00	.043	3665.00	63.19	
NON-HSC HOSPITALS TOTAL	9	42	43,366.30	1032.53	.362	4818.48	373.85	
ACCOMMODATIONS	9	42	14,809.84	352.62	.362	1645.54	127.67	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	9	42	14,809.84	352.62	.362	1645.54	127.67	
ANCILLARIES	9	0	28,556.46	.00	.000	3172.94	246.18	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	66	621	16,245.46	26.16	5.353	246.14	140.05	
MEDICAL	8	8	480.05	60.01	.069	60.01	4.14	
SURGERY	3	3	48.36	16.12	.026	16.12	.42	
PATHOLOGY	48	200	2,806.61	14.03	1.724	58.47	24.19	
RADIOLOGY	13	14	1,346.03	96.15	.121	103.54	11.60	
ROOM USE	47	91	3,214.81	35.33	.784	68.40	27.71	
CROSSOVERS/ALL OTH OUTPTNT	42	305	8,349.60	27.38	2.629	198.80	71.98	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	14	514	\$ 56,515.14	\$ 109.95	4.431	\$ 4036.80	\$ 487.20	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	514		56,515.14	109.95	4.431	4036.80	487.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	\$.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	38	\$	628.76	\$ 16.55	.328	\$ 29.94	\$ 5.42
PATHOLOGY	21	38		628.76	16.55	.328	29.94	5.42
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	53	\$	3,739.00	\$ 70.55	.457	\$ 267.07	\$ 32.23
CLINIC	6	40		1,356.55	33.91	.345	226.09	11.69
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	13		2,382.45	183.27	.112	297.81	20.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,176
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

	116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	536	\$	2,366.04	\$ 4.41	4.621	\$ 157.74	\$ 20.40
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	525		1,791.12	3.41	4.526	255.87	15.44
AMBULANCES/AIR TRANS	5	137		1,047.02	7.64	1.181	209.40	9.03
OTHER TRANS	2	388		744.10	1.92	3.345	372.05	6.41
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5		525.00	105.00	.043	105.00	4.53
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	6		49.92	8.32	.052	16.64	.43
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	2	\$	2,980.00	\$ 1490.00	.017	\$ 2980.00	\$ 25.69

@XOVER EXCLUDING STATE HOSP** 2 2 \$ 69.30 \$ 34.65 .017 \$ 34.65 \$.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,177
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL AGED

10,088 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,203	213,443	\$ 12,373,657.21	\$ 57.97	21.158	\$ 1344.52	\$ 1226.57
@PHYSICIANS SERVICES	1,281	4,207	\$ 57,311.72	\$ 13.62	.417	\$ 44.74	\$ 5.68
OUTPATIENT VISITS	19	29	1,093.36	37.70	.003	57.55	.11
OFFICE VISITS	12	21	602.16	28.67	.002	50.18	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	7	472.00	67.43	.001	67.43	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.000	19.20	.00
INPATIENT VISITS	13	29	897.70	30.96	.003	69.05	.09
HOSPITAL VISITS	4	11	436.35	39.67	.001	109.09	.04
CRITICAL CARE	1	2	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	16	461.35	28.83	.002	51.26	.05
OPHTHALMOLOGICAL SERVICES	6	9	407.04	45.23	.001	67.84	.04
EXAMINATIONS	6	9	407.04	45.23	.001	67.84	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	14	990.08	70.72	.001	165.01	.10
PRINCIPAL SURGEON	4	6	441.55	73.59	.001	110.39	.04
ASSISTANT SURGEON	1	1	374.53	374.53	.000	374.53	.04
ANESTHESIOLOGIST	1	7	174.00	24.86	.001	174.00	.02
OUTPATIENT SURGERY	11	77	2,734.15	35.51	.008	248.56	.27
PRINCIPAL SURGEON	7	7	2,074.30	296.33	.001	296.33	.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	70	659.85	9.43	.007	131.97	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	6	44.48	7.41	.001	7.41	.00
RADIOLOGY	14	22	385.62	17.53	.002	27.54	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	13.20	6.60	.000	6.60	.00
OTHER SERVICES/ALL X-OVERS	1,234	4,019	50,746.09	12.63	.398	41.12	5.03
@PHARMACY	7,466	103,905	\$ 2,522,289.98	\$ 24.27	10.300	\$ 337.84	\$ 250.03
PRESCRIPTION DRUGS	7,423	40,819	2,482,416.47	60.82	4.046	334.42	246.08
SNF/ICF	2,619	19,409	1,022,199.30	52.67	1.924	390.30	101.33
OUTPATIENTS	4,876	21,410	1,460,217.17	68.20	2.122	299.47	144.75
MEDICAL SUPPLIES	400	63,086	39,873.51	.63	6.254	99.68	3.95
@DENTIST	316	887	\$ 41,594.25	\$ 46.89	.088	\$ 131.63	\$ 4.12
VISITS - DIAGNOSTIC	226	482	9,194.00	19.07	.048	40.68	.91
ORAL SURGERY	50	123	5,820.75	47.32	.012	116.42	.58
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	143.50	47.83	.000	47.83	.01
ENDODONTICS	7	6	1,635.00	272.50	.001	233.57	.16
RESTORATIVE DENTISTRY	67	142	8,257.00	58.15	.014	123.24	.82
PROSTHETICS	0	1	30.00	30.00	.000	.00	.00
DENTURES, STAYPLATES	45	115	16,514.00	143.60	.011	366.98	1.64
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	15	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,178
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL AGED

10,088 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	105	296	\$ 5,755.95	\$ 19.45	.029	\$ 54.82	\$.57
DIAGNOSTIC AND ANC. PROCED	19	21	745.74	35.51	.002	39.25	.07
EYE APPLIANCES	82	246	4,149.57	16.87	.024	50.60	.41
OTHER OPTOMETRIC SERVICES	18	29	860.64	29.68	.003	47.81	.09
@CHIROPRACTOR	5	7	\$ 112.05	\$ 16.01	.001	\$ 22.41	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	7	112.05	16.01	.001	22.41	.01
@PODIATRIST	207	256	\$ 2,239.09	\$ 8.75	.025	\$ 10.82	\$.22
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	207	256	2,239.09	8.75	.025	10.82	.22
@HOME HEALTH AGENCY	1	8	\$ 641.60	\$ 80.20	.001	\$ 641.60	\$.06
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$ 50.10	\$ 16.70	.000	\$ 16.70	\$.00
@TOTAL HOSPITAL	822	2,934	\$ 324,763.73	\$ 110.69	.291	\$ 395.09	\$ 32.19
HOSP INPATIENT TOTAL	176	67	268,686.14	4010.24	.007	1526.63	26.63
HSC HOSPITALS	2	11	7,200.00	654.55	.001	3600.00	.71
NON-HSC HOSPITAL TOTAL	13	56	129,196.41	2307.08	.006	9938.19	12.81
ACCOMMODATIONS	13	56	22,235.14	397.06	.006	1710.40	2.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	56	22,235.14	397.06	.006	1710.40	2.20
ANCILLARIES	12	0	106,961.27	.00	.000	8913.44	10.60
INPATIENT CROSSOVERS	161	0	132,289.73	.00	.000	821.68	13.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	671	2,867	56,077.59	19.56	.284	83.57	5.56
MEDICAL	8	11	416.13	37.83	.001	52.02	.04
SURGERY	4	4	388.38	97.10	.000	97.10	.04
PATHOLOGY	21	58	770.33	13.28	.006	36.68	.08
RADIOLOGY	5	7	174.33	24.90	.001	34.87	.02
ROOM USE	17	23	999.20	43.44	.002	58.78	.10
CROSSOVERS/ALL OTH OUTPTNT	643	2,764	53,329.22	19.29	.274	82.94	5.29
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,179
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL AGED

	10,088 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	822	2,934	\$	324,763.73	\$ 110.69	.291	\$ 395.09	\$ 32.19
COMM HOSP INPATIENT TOTAL	176	67		268,686.14	4010.24	.007	1526.63	26.63
HSC HOSPITALS	2	11		7,200.00	654.55	.001	3600.00	.71
NON-HSC HOSPITALS TOTAL	13	56		129,196.41	2307.08	.006	9938.19	12.81
ACCOMMODATIONS	13	56		22,235.14	397.06	.006	1710.40	2.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	56		22,235.14	397.06	.006	1710.40	2.20
ANCILLARIES	12	0		106,961.27	.00	.000	8913.44	10.60
INPATIENT CROSSOVERS	161	0		132,289.73	.00	.000	821.68	13.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	671	2,867		56,077.59	19.56	.284	83.57	5.56
MEDICAL	8	11		416.13	37.83	.001	52.02	.04
SURGERY	4	4		388.38	97.10	.000	97.10	.04
PATHOLOGY	21	58		770.33	13.28	.006	36.68	.08
RADIOLOGY	5	7		174.33	24.90	.001	34.87	.02
ROOM USE	17	23		999.20	43.44	.002	58.78	.10
CROSSOVERS/ALL OTH OUTPTNT	643	2,764		53,329.22	19.29	.274	82.94	5.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,774	83,777	\$ 8,736,667.38	\$ 104.28	8.305	\$ 3149.48	\$ 866.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2	111	11,085.17	99.87	.011	5542.59	1.10
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,772	83,666	8,725,582.21	104.29	8.294	3147.76	864.95
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	50	\$ 17,997.99	\$ 359.96	.005	\$ 620.62	\$ 1.78
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	29	50	17,997.99	359.96	.005	620.62	1.78
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	20	51	\$ 294.97	\$ 5.78	.005	\$ 14.75	\$.03
PATHOLOGY	7	19	213.16	11.22	.002	30.45	.02
XO AND OTHERS	13	32	81.81	2.56	.003	6.29	.01
@ORGANIZED OUTPATIENT CLINIC	250	387	\$ 53,453.83	\$ 138.12	.038	\$ 213.82	\$ 5.30
CLINIC	2	2	59.42	29.71	.000	29.71	.01
SURGICENTER	2	4	533.82	133.46	.000	266.91	.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	246	381	52,860.59	138.74	.038	214.88	5.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,180
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
10,088 ELIGIBLES						
@ALL OTHER PROVIDERS	1,181	16,675	\$ 610,484.57	\$ 36.61	1.653	\$ 516.92 \$ 60.52
DURABLE MED. EQUIP.	62	273	41,348.40	151.46	.027	666.91 4.10
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	42	43	14,941.23	347.47	.004	355.74 1.48
MEDICAL TRANSPORTATION	35	596	1,991.41	3.34	.059	56.90 .20
AMBULANCES/AIR TRANS	3	37	387.45	10.47	.004	129.15 .04
OTHER TRANS	30	548	1,560.53	2.85	.054	52.02 .15
OTHER SERVICES	2	11	43.43	3.95	.001	21.72 .00
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03 .00
ADULT DAY HEALTH CARE CTR	168	1,984	138,045.71	69.58	.197	821.70 13.68
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	14	636.02	45.43	.001	212.01 .06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	143	329	3,866.44	11.75	.033	27.04 .38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00 .00
PORTABLE X-RAY	58	99	66.11	.67	.010	1.14 .01
PROSTHETIST/ORTHOTISTS	10	20	191.88	9.59	.002	19.19 .02
PROSTHETICS	10	20	191.88	9.59	.002	19.19 .02
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	9	11	1,038.39	94.40	.001	115.38 .10
HOSPICE SERVICES	122	3,411	387,851.17	113.71	.338	3179.11 38.45
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	573	9,894	20,480.78	2.07	.981	35.74	2.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,849	28,671	\$ 471,620.62	\$ 16.45	2.842	\$ 165.54	\$ 46.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,181
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	618	48,584	\$ 728,279.31	\$ 14.99	67.198	\$ 1178.45	\$ 1007.30
@PHYSICIANS SERVICES	212	933	\$ 33,664.59	\$ 36.08	1.290	\$ 158.80	\$ 46.56
OUTPATIENT VISITS	84	118	5,103.87	43.25	.163	60.76	7.06
OFFICE VISITS	55	71	2,418.94	34.07	.098	43.98	3.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	42	2,501.57	59.56	.058	65.83	3.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	183.36	36.67	.007	36.67	.25
INPATIENT VISITS	11	137	12,851.89	93.81	.189	1168.35	17.78
HOSPITAL VISITS	11	95	4,053.63	42.67	.131	368.51	5.61
CRITICAL CARE	5	34	8,491.56	249.75	.047	1698.31	11.74
SNF/ICF/TRANS IP CARE	1	8	306.70	38.34	.011	306.70	.42
OPHTHALMOLOGICAL SERVICES	2	2	96.61	48.31	.003	48.31	.13
EXAMINATIONS	2	2	96.61	48.31	.003	48.31	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	31	1,792.85	57.83	.043	224.11	2.48
PRINCIPAL SURGEON	7	7	1,276.72	182.39	.010	182.39	1.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	24	516.13	21.51	.033	258.07	.71
OUTPATIENT SURGERY	19	57	2,756.03	48.35	.079	145.05	3.81
PRINCIPAL SURGEON	16	16	1,713.41	107.09	.022	107.09	2.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	41	1,042.62	25.43	.057	260.66	1.44
DIALYSIS	10	15	3,160.56	210.70	.021	316.06	4.37
PATHOLOGY	11	44	579.27	13.17	.061	52.66	.80
RADIOLOGY	34	119	2,419.77	20.33	.165	71.17	3.35
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	122	410	4,903.74	11.96	.567	40.19	6.78
@PHARMACY	482	22,142	\$ 225,016.44	\$ 10.16	30.625	\$ 466.84	\$ 311.23
PRESCRIPTION DRUGS	470	2,094	217,500.14	103.87	2.896	462.77	300.83
SNF/ICF	25	187	9,141.25	48.88	.259	365.65	12.64
OUTPATIENTS	446	1,907	208,358.89	109.26	2.638	467.17	288.19
MEDICAL SUPPLIES	67	20,048	7,516.30	.37	27.729	112.18	10.40
@DENTIST	30	114	\$ 2,647.00	\$ 23.22	.158	\$ 88.23	\$ 3.66
VISITS - DIAGNOSTIC	26	71	1,424.00	20.06	.098	54.77	1.97
ORAL SURGERY	5	7	388.00	55.43	.010	77.60	.54
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.001	71.00	.10
RESTORATIVE DENTISTRY	6	21	764.00	36.38	.029	127.33	1.06
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	14	.00	.00	.019	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	9	\$ 717.49	\$ 79.72	.012	\$ 179.37	\$.99
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.07
EYE APPLIANCES	2	4	432.85	108.21	.006	216.43	.60
OTHER OPTOMETRIC SERVICES	3	4	237.19	59.30	.006	79.06	.33
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	13	\$ 178.27	\$ 13.71	.018	\$ 17.83	\$.25
MEDICINE/INJECTIONS	1	1	62.41	62.41	.001	62.41	.09
SURGERY/ANES.	1	1	15.00	15.00	.001	15.00	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	11	100.86	9.17	.015	11.21	.14
@HOME HEALTH AGENCY	11	1,213	\$ 36,680.89	\$ 30.24	1.678	\$ 3334.63	\$ 50.73
NURSE ANESTHESIST	2	29	70.81	2.44	.040	35.41	.10
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	151	693	\$ 179,493.64	\$ 259.01	.959	\$ 1188.70	\$ 248.26
HOSP INPATIENT TOTAL	20	94	157,192.86	1672.26	.130	7859.64	217.42
HSC HOSPITALS	6	48	64,917.00	1352.44	.066	10819.50	89.79
NON-HSC HOSPITAL TOTAL	2	46	77,347.11	1681.46	.064	38673.56	106.98
ACCOMMODATIONS	2	46	16,069.10	349.33	.064	8034.55	22.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	16,069.10	349.33	.064	8034.55	22.23
ANCILLARIES	2	0	61,278.01	.00	.000	30639.01	84.76
INPATIENT CROSSOVERS	12	0	14,928.75	.00	.000	1244.06	20.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	138	599	22,300.78	37.23	.828	161.60	30.84
MEDICAL	20	25	863.74	34.55	.035	43.19	1.19
SURGERY	11	11	287.89	26.17	.015	26.17	.40
PATHOLOGY	41	142	1,593.50	11.22	.196	38.87	2.20
RADIOLOGY	34	41	11,049.14	269.49	.057	324.97	15.28
ROOM USE	51	67	2,679.22	39.99	.093	52.53	3.71
CROSSOVERS/ALL OTH OUTPTNT	81	313	5,827.29	18.62	.433	71.94	8.06
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	151	693	\$ 179,493.64	\$ 259.01	.959	\$ 1188.70	\$ 248.26
COMM HOSP INPATIENT TOTAL	20	94	157,192.86	1672.26	.130	7859.64	217.42
HSC HOSPITALS	6	48	64,917.00	1352.44	.066	10819.50	89.79
NON-HSC HOSPITALS TOTAL	2	46	77,347.11	1681.46	.064	38673.56	106.98
ACCOMMODATIONS	2	46	16,069.10	349.33	.064	8034.55	22.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	16,069.10	349.33	.064	8034.55	22.23
ANCILLARIES	2	0	61,278.01	.00	.000	30639.01	84.76
INPATIENT CROSSOVERS	12	0	14,928.75	.00	.000	1244.06	20.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	138	599	22,300.78	37.23	.828	161.60	30.84
MEDICAL	20	25	863.74	34.55	.035	43.19	1.19
SURGERY	11	11	287.89	26.17	.015	26.17	.40
PATHOLOGY	41	142	1,593.50	11.22	.196	38.87	2.20
RADIOLOGY	34	41	11,049.14	269.49	.057	324.97	15.28
ROOM USE	51	67	2,679.22	39.99	.093	52.53	3.71
CROSSOVERS/ALL OTH OUTPTNT	81	313	5,827.29	18.62	.433	71.94	8.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	36	1,023	\$ 107,722.66	\$ 105.30	1.415	\$ 2992.30	\$ 148.99
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	24	8,276.88	344.87	.033	8276.88	11.45
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	35	999	99,445.78	99.55	1.382	2841.31	137.55
@INTERMEDIATE CARE FACIL.-DD	1	1	\$ 2,716.99	\$ 2716.99	.001	\$ 2716.99	\$ 3.76
ICF DDH	1	1	163.45	163.45	.001	163.45	.23
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	2,553.54	.00	.000	.00	3.53
@HEMODIALYSIS TOTAL	35	1,526	\$ 50,791.59	\$ 33.28	2.111	\$ 1451.19	\$ 70.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	35	1,526	50,791.59	33.28	2.111	1451.19	70.25
@REHABILITATION FACILITY	10	160	\$ 2,417.21	\$ 15.11	.221	\$ 241.72	\$ 3.34
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	10	160		2,417.21	15.11	.221	241.72	3.34
@LABORATORY FACILITY	12	127	\$	1,722.96	\$ 13.57	.176	\$ 143.58	\$ 2.38
PATHOLOGY	11	124		1,722.51	13.89	.172	156.59	2.38
XO AND OTHERS	1	3		.45	.15	.004	.45	.00
@ORGANIZED OUTPATIENT CLINIC	35	53	\$	6,426.53	\$ 121.26	.073	\$ 183.62	\$ 8.89
CLINIC	6	6		196.41	32.74	.008	32.74	.27
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	29	47		6,230.12	132.56	.065	214.83	8.62

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	211	20,548	\$ 78,012.24	\$ 3.80	28.420	\$ 369.73	\$ 107.90
DURABLE MED. EQUIP.	13	30	6,248.65	208.29	.041	480.67	8.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.003	25.00	.07
MEDICAL TRANSPORTATION	14	244	3,915.96	16.05	.337	279.71	5.42
AMBULANCES/AIR TRANS	12	233	2,053.91	8.82	.322	171.16	2.84
OTHER TRANS	2	10	62.05	6.21	.014	31.03	.09
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.49
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	38	360	25,048.80	69.58	.498	659.18	34.65
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	12	2,396.70	199.73	.017	479.34	3.31
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	76.00	9.50	.011	25.33	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	190.86	23.86	.011	63.62	.26

PROSTHETICS	3	8	190.86	23.86	.011	63.62	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	70.00	17.50	.006	23.33	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	7,320	33,451.39	4.57	10.124	608.21	46.27
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	96	12,560	6,563.88	.52	17.372	68.37	9.08
@CALIF. CHILDREN SERVICES*	34	917	\$ 86,602.98	\$ 94.44	1.268	\$ 2547.15	\$ 119.78
@XOVER EXCLUDING STATE HOSP**	193	5,051	\$ 41,239.20	\$ 8.16	6.986	\$ 213.67	\$ 57.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

22,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,084	444,831	\$ 15,251,420.47	\$ 34.29	20.012	\$ 799.17	\$ 686.14
@PHYSICIANS SERVICES	5,489	22,214	\$ 692,897.93	\$ 31.19	.999	\$ 126.23	\$ 31.17
OUTPATIENT VISITS	2,888	4,475	176,462.98	39.43	.201	61.10	7.94
OFFICE VISITS	2,009	2,920	89,356.48	30.60	.131	44.48	4.02
HOME VISITS	5	7	225.58	32.23	.000	45.12	.01
EMERGENCY ROOM	972	1,328	80,047.40	60.28	.060	82.35	3.60
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.00
OB VISITS/COMPRE PERI	6	8	681.33	85.17	.000	113.56	.03
OTHER OUTPATIENT	199	211	6,086.41	28.85	.009	30.58	.27
INPATIENT VISITS	348	1,317	66,760.17	50.69	.059	191.84	3.00
HOSPITAL VISITS	298	1,124	51,622.40	45.93	.051	173.23	2.32
CRITICAL CARE	26	112	12,643.73	112.89	.005	486.30	.57
SNF/ICF/TRANS IP CARE	49	81	2,494.04	30.79	.004	50.90	.11
OPHTHALMOLOGICAL SERVICES	106	123	5,194.44	42.23	.006	49.00	.23
EXAMINATIONS	105	122	5,159.15	42.29	.005	49.13	.23
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	151	3,026	76,297.49	25.21	.136	505.28	3.43
PRINCIPAL SURGEON	99	171	55,765.54	326.11	.008	563.29	2.51
ASSISTANT SURGEON	15	16	2,228.74	139.30	.001	148.58	.10
ANESTHESIOLOGIST	66	2,839	18,303.21	6.45	.128	277.32	.82
OUTPATIENT SURGERY	390	1,733	69,401.76	40.05	.078	177.95	3.12
PRINCIPAL SURGEON	329	396	57,029.03	144.01	.018	173.34	2.57
ASSISTANT SURGEON	2	2	243.91	121.96	.000	121.96	.01
ANESTHESIOLOGIST	74	1,335	12,128.82	9.09	.060	163.90	.55
DIALYSIS	26	141	8,387.39	59.49	.006	322.59	.38
PATHOLOGY	366	823	17,274.32	20.99	.037	47.20	.78
RADIOLOGY	1,206	2,378	92,523.91	38.91	.107	76.72	4.16
PSYCHIATRY	8	10	560.80	56.08	.000	70.10	.03
IMMUNIZATION AND INJECTION	121	1,315	35,048.43	26.65	.059	289.66	1.58
OTHER SERVICES/ALL X-OVERS	2,391	6,873	144,986.24	21.10	.309	60.64	6.52
@PHARMACY	14,974	215,355	\$ 8,383,024.64	\$ 38.93	9.688	\$ 559.84	\$ 377.14
PRESCRIPTION DRUGS	14,801	65,966	8,261,634.92	125.24	2.968	558.18	371.68
SNF/ICF	436	3,476	272,660.80	78.44	.156	625.37	12.27
OUTPATIENTS	14,412	62,490	7,988,974.12	127.84	2.811	554.33	359.41

MEDICAL SUPPLIES	1,073	149,389		121,389.72	.81	6.721	113.13	5.46	
@DENTIST	865	3,539	\$	143,207.42	\$ 40.47	.159	\$ 165.56	\$ 6.44	
VISITS - DIAGNOSTIC	579	2,029		31,099.40	15.33	.091	53.71	1.40	
ORAL SURGERY	154	436		23,397.25	53.66	.020	151.93	1.05	
DRUGS	7	7		150.00	21.43	.000	21.43	.01	
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.01	
PERIODONTICS	37	47		4,214.00	89.66	.002	113.89	.19	
ENDODONTICS	52	66		13,829.00	209.53	.003	265.94	.62	
RESTORATIVE DENTISTRY	286	752		42,631.19	56.69	.034	149.06	1.92	
PROSTHETICS	8	8		210.00	26.25	.000	26.25	.01	
DENTURES, STAYPLATES	60	170		27,329.50	160.76	.008	455.49	1.23	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1		112.08	112.08	.000	112.08	.01	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	.00	
ALL OTHER SERVICES	27	20		.00	.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,186
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

	22,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	390	1,227	\$	25,283.28	\$ 20.61	.055	\$ 64.83	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	184	189		8,138.08	43.06	.009	44.23	.37
EYE APPLIANCES	333	991		15,977.92	16.12	.045	47.98	.72
OTHER OPTOMETRIC SERVICES	29	47		1,167.28	24.84	.002	40.25	.05
@CHIROPRACTOR	127	239	\$	3,906.41	\$ 16.34	.011	\$ 30.76	\$.18
VISITS	112	219		3,594.80	16.41	.010	32.10	.16
OTHER SERVICES	15	20		311.61	15.58	.001	20.77	.01
@PODIATRIST	142	196	\$	3,992.87	\$ 20.37	.009	\$ 28.12	\$.18
MEDICINE/INJECTIONS	74	85		2,487.27	29.26	.004	33.61	.11
SURGERY/ANES.	4	4		78.00	19.50	.000	19.50	.00
RADIO./PATHOLOGY	4	4		89.96	22.49	.000	22.49	.00
OTHER	69	103		1,337.64	12.99	.005	19.39	.06
@HOME HEALTH AGENCY	97	603	\$	38,400.63	\$ 63.68	.027	\$ 395.88	\$ 1.73
NURSE ANESTHESIST	2	29	\$	168.92	\$ 5.82	.001	\$ 84.46	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	34.22	\$ 34.22	.000	\$ 34.22	\$.00
FAMILY NURSE PRACTITIONER	64	78	\$	1,877.32	\$ 24.07	.004	\$ 29.33	\$.08
@TOTAL HOSPITAL	4,077	22,387	\$	3,095,316.22	\$ 138.26	1.007	\$ 759.21	\$ 139.25
HOSP INPATIENT TOTAL	426	1,437		2,507,226.84	1744.76	.065	5885.51	112.80
HSC HOSPITALS	72	554		704,285.00	1271.27	.025	9781.74	31.68
NON-HSC HOSPITAL TOTAL	215	883		1,664,915.56	1885.52	.040	7743.79	74.90
ACCOMMODATIONS	215	883		480,322.82	543.97	.040	2234.06	21.61
ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.000	4028.74	.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	214	878		476,294.08	542.48	.039	2225.67	21.43
ANCILLARIES	215	0		1,184,592.74	.00	.000	5509.73	53.29
INPATIENT CROSSOVERS	146	0		138,026.28	.00	.000	945.39	6.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,810	20,950		588,089.38	28.07	.943	154.35	26.46
MEDICAL	583	922		36,882.99	40.00	.041	63.26	1.66
SURGERY	281	306		11,148.89	36.43	.014	39.68	.50
PATHOLOGY	1,557	7,225		83,657.03	11.58	.325	53.73	3.76
RADIOLOGY	979	1,698		148,982.73	87.74	.076	152.18	6.70
ROOM USE	1,462	2,269		91,533.34	40.34	.102	62.61	4.12

CROSSOVERS/ALL OTH OUTPTNT	1,928	8,530		215,884.40	25.31	.384	111.97	9.71
@COUNTY HOSPITAL TOTAL	20	249	\$	166,922.68	\$ 670.37	.011	\$ 8346.13	\$ 7.51
CO HOSPITAL INPATIENT TOTAL	5	121		160,898.94	1329.74	.005	32179.79	7.24
HSC HOSPITALS	5	120		160,055.00	1333.79	.005	32011.00	7.20
NON-HSC HOSPITALS TOTAL	1	1		843.94	843.94	.000	843.94	.04
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		231.30	231.30	.000	231.30	.01
ANCILLARIES	1	0		612.64	.00	.000	612.64	.03
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	128		6,023.74	47.06	.006	401.58	.27
MEDICAL	4	10		436.05	43.61	.000	109.01	.02
SURGERY	3	7		359.88	51.41	.000	119.96	.02
PATHOLOGY	3	30		548.88	18.30	.001	182.96	.02
RADIOLOGY	6	15		1,689.75	112.65	.001	281.63	.08
ROOM USE	7	14		521.88	37.28	.001	74.55	.02
CROSSOVERS/ALL OTH OUTPTNT	10	52		2,467.30	47.45	.002	246.73	.11

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	22,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,064	22,138	\$	2,928,393.54	\$ 132.28	.996	\$ 720.57	\$ 131.74
COMM HOSP INPATIENT TOTAL	421	1,316		2,346,327.90	1782.92	.059	5573.23	105.56
HSC HOSPITALS	67	434		544,230.00	1253.99	.020	8122.84	24.48
NON-HSC HOSPITALS TOTAL	214	882		1,664,071.62	1886.70	.040	7776.04	74.86
ACCOMMODATIONS	214	882		480,091.52	544.32	.040	2243.42	21.60
ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.000	4028.74	.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	213	877		476,062.78	542.83	.039	2235.04	21.42
ANCILLARIES	214	0		1,183,980.10	.00	.000	5532.62	53.27
INPATIENT CROSSOVERS	146	0		138,026.28	.00	.000	945.39	6.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,801	20,822		582,065.64	27.95	.937	153.13	26.19
MEDICAL	579	912		36,446.94	39.96	.041	62.95	1.64
SURGERY	278	299		10,789.01	36.08	.013	38.81	.49
PATHOLOGY	1,555	7,195		83,108.15	11.55	.324	53.45	3.74
RADIOLOGY	975	1,683		147,292.98	87.52	.076	151.07	6.63
ROOM USE	1,460	2,255		91,011.46	40.36	.101	62.34	4.09
CROSSOVERS/ALL OTH OUTPTNT	1,921	8,478		213,417.10	25.17	.381	111.10	9.60
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	341	10,082	\$	1,250,100.70	\$ 123.99	.454	\$ 3665.98	\$ 56.24
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	11	312		39,099.84	125.32	.014	3554.53	1.76
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	330	9,770		1,211,000.86	123.95	.440	3669.70	54.48
@INTERMEDIATE CARE FACIL.-DD	12	366	\$	72,101.79	\$ 197.00	.016	\$ 6008.48	\$ 3.24
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	12	366		72,101.79		197.00	.016	6008.48		3.24
@HEMODIALYSIS TOTAL	118	5,005	\$	169,760.65	\$	33.92	.225	\$ 1438.65	\$	7.64
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	118	5,005		169,760.65		33.92	.225	1438.65		7.64
@REHABILITATION FACILITY	39	533	\$	8,336.41	\$	15.64	.024	\$ 213.75	\$	.38
HOSPITAL BASED	4	2		159.13		79.57	.000	39.78		.01
INDEPENDENT FACILITY	35	531		8,177.28		15.40	.024	233.64		.37
@LABORATORY FACILITY	467	1,666	\$	20,959.69	\$	12.58	.075	\$ 44.88	\$	.94
PATHOLOGY	456	1,624		20,635.92		12.71	.073	45.25		.93
XO AND OTHERS	11	42		323.77		7.71	.002	29.43		.01
@ORGANIZED OUTPATIENT CLINIC	2,242	3,757	\$	389,611.88	\$	103.70	.169	\$ 173.78	\$	17.53
CLINIC	541	841		25,274.70		30.05	.038	46.72		1.14
SURGICENTER	16	64		2,678.86		41.86	.003	167.43		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1,699	2,852		361,658.32		126.81	.128	212.87		16.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 9,188
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED									

	22,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,626	157,554	\$	952,439.49	\$ 6.05	7.088	\$ 362.70	\$ 42.85
DURABLE MED. EQUIP.	279	1,004		126,694.32	126.19	.045	454.10	5.70
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	28		3,814.28	136.22	.001	181.63	.17
MEDICAL TRANSPORTATION	298	5,728		67,871.05	11.85	.258	227.76	3.05
AMBULANCES/AIR TRANS	270	3,592		49,664.51	13.83	.162	183.94	2.23
OTHER TRANS	23	1,993		5,390.41	2.70	.090	234.37	.24
OTHER SERVICES	19	143		12,816.13	89.62	.006	674.53	.58
ACUPUNCTURE	6	13		222.83	17.14	.001	37.14	.01
ADULT DAY HEALTH CARE CTR	183	2,265		157,598.70	69.58	.102	861.20	7.09
GENETIC DISEASE TESTING	3	3		315.00	105.00	.000	105.00	.01
IHMC, MODEL-NF,NF,AIDS,MSSP	96	10,548		296,347.28	28.10	.475	3086.95	13.33
OCCUPATIONAL THERAPIST	1	25		514.74	20.59	.001	514.74	.02
OPTICIAN	415	966		9,909.29	10.26	.043	23.88	.45
PHYSICAL THERAPIST	3	26		306.27	11.78	.001	102.09	.01
PORTABLE X-RAY	18	47		936.34	19.92	.002	52.02	.04
PROSTHETIST/ORTHOTISTS	76	259		33,347.99	128.76	.012	438.79	1.50
PROSTHETICS	76	259		33,347.99	128.76	.012	438.79	1.50
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4		569.95	142.49	.000	189.98	.03
SPEECH AND AUDIOLOGY	51	155		7,631.66	49.24	.007	149.64	.34
HOSPICE SERVICES	17	205		26,721.03	130.35	.009	1571.83	1.20
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	488	45,273		140,970.18	3.11	2.037	288.87	6.34
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	845	91,005		78,668.58	.86	4.094	93.10	3.54
@CALIF. CHILDREN SERVICES*	238	11,789	\$	217,454.47	\$ 18.45	.530	\$ 913.67	\$ 9.78
@XOVER EXCLUDING STATE HOSP**	3,026	37,843	\$	449,263.85	\$ 11.87	1.702	\$ 148.47	\$ 20.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

52,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26,267	144,111	\$ 8,033,267.55	\$ 55.74	2.771	\$ 305.83	\$ 154.47
@PHYSICIANS SERVICES	10,912	30,489	\$ 1,126,728.41	\$ 36.96	.586	\$ 103.26	\$ 21.67
OUTPATIENT VISITS	8,384	11,595	436,581.97	37.65	.223	52.07	8.39
OFFICE VISITS	5,610	7,441	227,001.89	30.51	.143	40.46	4.36
HOME VISITS	2	2	164.55	82.28	.000	82.28	.00
EMERGENCY ROOM	3,089	3,761	187,400.41	49.83	.072	60.67	3.60
PREVENTIVE CARE	6	6	268.96	44.83	.000	44.83	.01
OB VISITS/COMPRE PERI	136	212	16,375.01	77.24	.004	120.40	.31
OTHER OUTPATIENT	158	173	5,371.15	31.05	.003	33.99	.10
INPATIENT VISITS	423	1,459	91,761.17	62.89	.028	216.93	1.76
HOSPITAL VISITS	404	1,148	53,299.90	46.43	.022	131.93	1.02
CRITICAL CARE	45	311	38,461.27	123.67	.006	854.69	.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	134	162	6,844.30	42.25	.003	51.08	.13
EXAMINATIONS	132	160	6,803.01	42.52	.003	51.54	.13
SERVICES AND MATERIALS	2	2	41.29	20.65	.000	20.65	.00
INPATIENT HOSPITAL SURGERY	421	2,818	208,307.00	73.92	.054	494.79	4.01
PRINCIPAL SURGEON	283	356	169,104.53	475.01	.007	597.54	3.25
ASSISTANT SURGEON	37	36	6,266.81	174.08	.001	169.37	.12
ANESTHESIOLOGIST	162	2,426	32,935.66	13.58	.047	203.31	.63
OUTPATIENT SURGERY	1,018	3,642	141,112.11	38.75	.070	138.62	2.71
PRINCIPAL SURGEON	908	1,129	118,093.44	104.60	.022	130.06	2.27
ASSISTANT SURGEON	3	3	251.93	83.98	.000	83.98	.00
ANESTHESIOLOGIST	172	2,510	22,766.74	9.07	.048	132.36	.44
DIALYSIS	2	14	218.71	15.62	.000	109.36	.00
PATHOLOGY	991	1,713	28,543.77	16.66	.033	28.80	.55
RADIOLOGY	2,338	3,641	106,470.56	29.24	.070	45.54	2.05
PSYCHIATRY	8	8	586.32	73.29	.000	73.29	.01

IMMUNIZATION AND INJECTION	267	554		25,008.36		45.14	.011	93.66	.48
OTHER SERVICES/ALL X-OVERS	1,223	4,883		81,294.14		16.65	.094	66.47	1.56
@PHARMACY	11,672	40,867	\$	1,759,719.19	\$	43.06	.786	150.76	\$ 33.84
PRESCRIPTION DRUGS	11,590	26,714		1,736,123.30		64.99	.514	149.79	33.38
SNF/ICF	2	4		73.23		18.31	.000	36.62	.00
OUTPATIENTS	11,588	26,710		1,736,050.07		65.00	.514	149.81	33.38
MEDICAL SUPPLIES	282	14,153		23,595.89		1.67	.272	83.67	.45
@DENTIST	2,092	9,382	\$	316,024.84	\$	33.68	.180	151.06	\$ 6.08
VISITS - DIAGNOSTIC	1,490	5,887		99,260.29		16.86	.113	66.62	1.91
ORAL SURGERY	282	712		44,036.00		61.85	.014	156.16	.85
DRUGS	92	110		2,410.00		21.91	.002	26.20	.05
ANESTHESIA	8	10		825.00		82.50	.000	103.13	.02
PERIODONTICS	15	21		961.00		45.76	.000	64.07	.02
ENDODONTICS	149	288		37,996.25		131.93	.006	255.01	.73
RESTORATIVE DENTISTRY	754	2,011		108,355.90		53.88	.039	143.71	2.08
PROSTHETICS	3	3		60.00		20.00	.000	20.00	.00
DENTURES, STAYPLATES	44	135		13,940.40		103.26	.003	316.83	.27
SPACE MAINTAINERS	19	24		2,302.00		95.92	.000	121.16	.04
MAXILLOFACIAL SERVICES	2	2		98.00		49.00	.000	49.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	71	101		5,105.00		50.54	.002	71.90	.10
ALL OTHER SERVICES	72	78		675.00		8.65	.001	9.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
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NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								
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52,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	555	1,649	\$ 37,175.70	\$ 22.54	.032	\$ 66.98	\$.71
DIAGNOSTIC AND ANC. PROCED	427	442	19,042.85	43.08	.008	44.60	.37
EYE APPLIANCES	418	1,193	17,895.35	15.00	.023	42.81	.34
OTHER OPTOMETRIC SERVICES	10	14	237.50	16.96	.000	23.75	.00
@CHIROPRACTOR	310	493	\$ 8,071.58	\$ 16.37	.009	\$ 26.04	\$.16
VISITS	310	493	8,071.58	16.37	.009	26.04	.16
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	64	86	\$ 3,130.76	\$ 36.40	.002	\$ 48.92	\$.06
MEDICINE/INJECTIONS	61	69	2,230.32	32.32	.001	36.56	.04
SURGERY/ANES.	8	8	491.37	61.42	.000	61.42	.01
RADIO./PATHOLOGY	5	6	103.36	17.23	.000	20.67	.00
OTHER	3	3	305.71	101.90	.000	101.90	.01
@HOME HEALTH AGENCY	32	102	\$ 6,526.86	\$ 63.99	.002	\$ 203.96	\$.13
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	40	194	\$ 15,703.86	\$ 80.95	.004	\$ 392.60	\$.30
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	174	212	\$ 5,340.11	\$ 25.19	.004	\$ 30.69	\$.10
@TOTAL HOSPITAL	6,689	31,369	\$ 3,813,733.83	\$ 121.58	.603	\$ 570.15	\$ 73.33
HOSP INPATIENT TOTAL	443	1,890	2,942,176.00	1556.71	.036	6641.48	56.57
HSC HOSPITALS	81	626	877,412.10	1401.62	.012	10832.25	16.87
NON-HSC HOSPITAL TOTAL	364	1,264	2,059,950.99	1629.71	.024	5659.21	39.61
ACCOMMODATIONS	364	1,264	517,669.91	409.55	.024	1422.17	9.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	364	1,264	517,669.91	409.55	.024	1422.17	9.95
ANCILLARIES	364	0	1,542,281.08	.00	.000	4237.04	29.66
INPATIENT CROSSOVERS	6	0	4,812.91	.00	.000	802.15	.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	6,493	29,479	871,557.83	29.57	.567	134.23	16.76
MEDICAL	1,118	1,498	73,773.43	49.25	.029	65.99	1.42
SURGERY	705	808	22,205.69	27.48	.016	31.50	.43
PATHOLOGY	2,586	9,481	123,125.02	12.99	.182	47.61	2.37
RADIOLOGY	1,959	2,729	189,279.18	69.36	.052	96.62	3.64
ROOM USE	4,296	5,905	224,909.74	38.09	.114	52.35	4.32
CROSSOVERS/ALL OTH OUTPTNT	2,778	9,058	238,264.77	26.30	.174	85.77	4.58
@COUNTY HOSPITAL TOTAL	19	110	\$ 3,510.85	\$ 31.92	.002	\$ 184.78	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	110	3,510.85	31.92	.002	184.78	.07
MEDICAL	5	6	353.54	58.92	.000	70.71	.01
SURGERY	8	13	546.46	42.04	.000	68.31	.01
PATHOLOGY	7	35	795.85	22.74	.001	113.69	.02
RADIOLOGY	3	6	161.41	26.90	.000	53.80	.00
ROOM USE	13	25	1,362.28	54.49	.000	104.79	.03
CROSSOVERS/ALL OTH OUTPTNT	12	25	291.31	11.65	.000	24.28	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,191
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
52,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,674	31,259	\$ 3,810,222.98	\$ 121.89	.601	\$ 570.91	\$ 73.27	
COMM HOSP INPATIENT TOTAL	443	1,890	2,942,176.00	1556.71	.036	6641.48	56.57	
HSC HOSPITALS	81	626	877,412.10	1401.62	.012	10832.25	16.87	
NON-HSC HOSPITALS TOTAL	364	1,264	2,059,950.99	1629.71	.024	5659.21	39.61	
ACCOMMODATIONS	364	1,264	517,669.91	409.55	.024	1422.17	9.95	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	364	1,264	517,669.91	409.55	.024	1422.17	9.95	
ANCILLARIES	364	0	1,542,281.08	.00	.000	4237.04	29.66	
INPATIENT CROSSOVERS	6	0	4,812.91	.00	.000	802.15	.09	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	6,478	29,369	868,046.98	29.56	.565	134.00	16.69	
MEDICAL	1,113	1,492	73,419.89	49.21	.029	65.97	1.41	
SURGERY	697	795	21,659.23	27.24	.015	31.07	.42	
PATHOLOGY	2,579	9,446	122,329.17	12.95	.182	47.43	2.35	
RADIOLOGY	1,956	2,723	189,117.77	69.45	.052	96.69	3.64	
ROOM USE	4,284	5,880	223,547.46	38.02	.113	52.18	4.30	
CROSSOVERS/ALL OTH OUTPTNT	2,768	9,033	237,973.46	26.34	.174	85.97	4.58	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ 88.88	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		88.88	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	27	\$	5,897.17	\$ 218.41	.001	\$ 842.45	\$.11
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	27		5,897.17	218.41	.001	842.45	.11
@REHABILITATION FACILITY	16	119	\$	5,214.75	\$ 43.82	.002	\$ 325.92	\$.10
HOSPITAL BASED	15	71		4,541.55	63.97	.001	302.77	.09
INDEPENDENT FACILITY	1	48		673.20	14.03	.001	673.20	.01
@LABORATORY FACILITY	983	2,202	\$	38,183.14	\$ 17.34	.042	\$ 38.84	\$.73
PATHOLOGY	982	2,201		38,171.74	17.34	.042	38.87	.73
XO AND OTHERS	1	1		11.40	11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	4,150	6,684	\$	684,864.72	\$ 102.46	.129	\$ 165.03	\$ 13.17
CLINIC	1,641	2,749		86,433.12	31.44	.053	52.67	1.66
SURGICENTER	20	112		3,820.59	34.11	.002	191.03	.07
HEROIN DETOX CLINIC	1	7		102.20	14.60	.000	102.20	.00
RURAL HEALTH CLINIC	2,531	3,816		594,508.81	155.79	.073	234.89	11.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							
								PAGE 9,192
								03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
52,006 ELIGIBLES							
@ALL OTHER PROVIDERS	2,573	20,235	\$ 206,806.55	\$ 10.22	.389	\$ 80.38	\$ 3.98
DURABLE MED. EQUIP.	92	619	18,263.69	29.51	.012	198.52	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,419.78	473.26	.000	473.26	.03
MEDICAL TRANSPORTATION	263	2,718	57,049.60	20.99	.052	216.92	1.10
AMBULANCES/AIR TRANS	260	2,696	39,003.36	14.47	.052	150.01	.75
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	16	22	18,046.24	820.28	.000	1127.89	.35
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	72	73	7,641.00	104.67	.001	106.13	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	465	1,007	8,940.98	8.88	.019	19.23	.17
PHYSICAL THERAPIST	1	7	118.99	17.00	.000	118.99	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	57	70	6,971.11	99.59	.001	122.30	.13
PROSTHETICS	57	70	6,971.11	99.59	.001	122.30	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	55	4,320.04	78.55	.001	205.72	.08
HOSPICE SERVICES	1	13	1,583.79	121.83	.000	1583.79	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,577	13,257	97,686.16	7.37	.255	61.94	1.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	63	2,412	2,784.38	1.15	.046	44.20	.05
@CALIF. CHILDREN SERVICES*	228	3,982	\$ 535,028.22	\$ 134.36	.077	\$ 2346.62	\$ 10.29

@XOVER EXCLUDING STATE HOSP** 125 1,273 \$ 14,236.66 \$ 11.18 .024 \$ 113.89 \$.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,193
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	3,249 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		1,694	41,015	\$ 627,167.02	\$ 15.29	12.624	\$ 370.23	\$ 193.03
@PHYSICIANS SERVICES		732	1,735	\$ 86,136.61	\$ 49.65	.534	\$ 117.67	\$ 26.51
OUTPATIENT VISITS		519	676	26,338.72	38.96	.208	50.75	8.11
OFFICE VISITS		319	392	12,109.57	30.89	.121	37.96	3.73
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		187	229	11,439.94	49.96	.070	61.18	3.52
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		19	29	1,983.56	68.40	.009	104.40	.61
OTHER OUTPATIENT		20	26	805.65	30.99	.008	40.28	.25
INPATIENT VISITS		49	128	6,451.60	50.40	.039	131.67	1.99
HOSPITAL VISITS		43	112	4,769.02	42.58	.034	110.91	1.47
CRITICAL CARE		2	9	1,550.53	172.28	.003	775.27	.48
SNF/ICF/TRANS IP CARE		5	7	132.05	18.86	.002	26.41	.04
OPHTHALMOLOGICAL SERVICES		10	10	454.07	45.41	.003	45.41	.14
EXAMINATIONS		10	10	454.07	45.41	.003	45.41	.14
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		37	227	26,941.37	118.68	.070	728.15	8.29
PRINCIPAL SURGEON		25	38	21,732.16	571.90	.012	869.29	6.69
ASSISTANT SURGEON		7	7	1,293.28	184.75	.002	184.75	.40
ANESTHESIOLOGIST		14	182	3,915.93	21.52	.056	279.71	1.21
OUTPATIENT SURGERY		73	158	10,721.61	67.86	.049	146.87	3.30
PRINCIPAL SURGEON		66	86	8,980.61	104.43	.026	136.07	2.76
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		18	72	1,741.00	24.18	.022	96.72	.54
DIALYSIS		0	0	.00	.00	.000	.00	.00
PATHOLOGY		54	95	1,569.75	16.52	.029	29.07	.48
RADIOLOGY		167	251	9,360.94	37.29	.077	56.05	2.88
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		21	50	915.39	18.31	.015	43.59	.28
OTHER SERVICES/ALL X-OVERS		76	140	3,383.16	24.17	.043	44.52	1.04
@PHARMACY		634	13,758	\$ 84,064.43	\$ 6.11	4.235	\$ 132.59	\$ 25.87
PRESCRIPTION DRUGS		608	1,278	74,611.72	58.38	.393	122.72	22.96
SNF/ICF		10	96	6,763.76	70.46	.030	676.38	2.08
OUTPATIENTS		598	1,182	67,847.96	57.40	.364	113.46	20.88
MEDICAL SUPPLIES		64	12,480	9,452.71	.76	3.841	147.70	2.91
@DENTIST		95	487	\$ 13,852.75	\$ 28.45	.150	\$ 145.82	\$ 4.26
VISITS - DIAGNOSTIC		71	295	4,874.00	16.52	.091	68.65	1.50
ORAL SURGERY		14	30	993.75	33.13	.009	70.98	.31
DRUGS		8	10	225.00	22.50	.003	28.13	.07
ANESTHESIA		1	2	100.00	50.00	.001	100.00	.03
PERIODONTICS		0	0	.00	.00	.000	.00	.00
ENDODONTICS		9	20	1,797.00	89.85	.006	199.67	.55
RESTORATIVE DENTISTRY		34	111	4,893.00	44.08	.034	143.91	1.51
PROSTHETICS		0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES		0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS		2	2	120.00	60.00	.001	60.00	.04

MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00	.05
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.22
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	14	.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,194
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

3,249 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	23	83	\$ 1,773.72	\$ 21.37	.026	\$ 77.12	\$.55
DIAGNOSTIC AND ANC. PROCED	20	21	884.92	42.14	.006	44.25	.27
EYE APPLIANCES	21	62	888.80	14.34	.019	42.32	.27
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	14	22	\$ 363.66	\$ 16.53	.007	\$ 25.98	\$.11
VISITS	14	22	363.66	16.53	.007	25.98	.11
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$ 223.20	\$ 44.64	.002	\$ 74.40	\$.07
MEDICINE/INJECTIONS	3	4	208.20	52.05	.001	69.40	.06
SURGERY/ANES.	1	1	15.00	15.00	.000	15.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	380	\$ 11,332.22	\$ 29.82	.117	\$ 1618.89	\$ 3.49
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	3	6	\$ 386.35	\$ 64.39	.002	\$ 128.78	\$.12
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	8	10	\$ 256.43	\$ 25.64	.003	\$ 32.05	\$.08
@TOTAL HOSPITAL	486	2,474	\$ 291,765.01	\$ 117.93	.761	\$ 600.34	\$ 89.80
HOSP INPATIENT TOTAL	37	159	228,716.13	1438.47	.049	6181.52	70.40
HSC HOSPITALS	10	45	54,801.00	1217.80	.014	5480.10	16.87
NON-HSC HOSPITAL TOTAL	27	114	173,915.13	1525.57	.035	6441.30	53.53
ACCOMMODATIONS	27	114	55,375.61	485.75	.035	2050.95	17.04

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	114	55,375.61	485.75	.035	2050.95	17.04
ANCILLARIES	27	0	118,539.52	.00	.000	4390.35	36.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	466	2,315	63,048.88	27.23	.713	135.30	19.41
MEDICAL	84	105	3,349.73	31.90	.032	39.88	1.03
SURGERY	54	59	1,423.36	24.12	.018	26.36	.44
PATHOLOGY	218	774	10,185.95	13.16	.238	46.72	3.14
RADIOLOGY	122	177	13,386.59	75.63	.054	109.73	4.12
ROOM USE	323	481	17,333.35	36.04	.148	53.66	5.33
CROSSOVERS/ALL OTH OUTPTNT	186	719	17,369.90	24.16	.221	93.39	5.35
@COUNTY HOSPITAL TOTAL	1	3	\$ 105.37	\$ 35.12	.001	\$ 105.37	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	105.37	35.12	.001	105.37	.03
MEDICAL	1	1	31.59	31.59	.000	31.59	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	52.52	52.52	.000	52.52	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	21.26	21.26	.000	21.26	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,195
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
3,249 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	485	2,471	\$ 291,659.64	\$ 118.03	.761	\$ 601.36	\$ 89.77	
COMM HOSP INPATIENT TOTAL	37	159	228,716.13	1438.47	.049	6181.52	70.40	
HSC HOSPITALS	10	45	54,801.00	1217.80	.014	5480.10	16.87	
NON-HSC HOSPITALS TOTAL	27	114	173,915.13	1525.57	.035	6441.30	53.53	
ACCOMMODATIONS	27	114	55,375.61	485.75	.035	2050.95	17.04	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	27	114	55,375.61	485.75	.035	2050.95	17.04	
ANCILLARIES	27	0	118,539.52	.00	.000	4390.35	36.48	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	465	2,312	62,943.51	27.22	.712	135.36	19.37	
MEDICAL	83	104	3,318.14	31.91	.032	39.98	1.02	
SURGERY	54	59	1,423.36	24.12	.018	26.36	.44	
PATHOLOGY	218	774	10,185.95	13.16	.238	46.72	3.14	
RADIOLOGY	122	177	13,386.59	75.63	.054	109.73	4.12	
ROOM USE	322	480	17,280.83	36.00	.148	53.67	5.32	
CROSSOVERS/ALL OTH OUTPTNT	185	718	17,348.64	24.16	.221	93.78	5.34	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	14	514	\$	56,515.14	\$ 109.95	.158	\$ 4036.80	\$ 17.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	514		56,515.14	109.95	.158	4036.80	17.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	15	99	\$	1,778.38	\$ 17.96	.030	\$ 118.56	\$.55
HOSPITAL BASED	3	26		542.00	20.85	.008	180.67	.17
INDEPENDENT FACILITY	12	73		1,236.38	16.94	.022	103.03	.38
@LABORATORY FACILITY	74	145	\$	2,619.04	\$ 18.06	.045	\$ 35.39	\$.81
PATHOLOGY	74	145		2,619.04	18.06	.045	35.39	.81
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	183	382	\$	25,310.45	\$ 66.26	.118	\$ 138.31	\$ 7.79
CLINIC	101	256		6,848.14	26.75	.079	67.80	2.11
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	87	126		18,462.31	146.53	.039	212.21	5.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,196
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	3,249 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	154		20,915	\$ 50,789.63	\$ 2.43	6.437	\$ 329.80 \$ 15.63
DURABLE MED. EQUIP.	22		79	6,004.55	76.01	.024	272.93 1.85
BLOOD BANK	0		0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	20		758	4,223.73	5.57	.233	211.19 1.30
AMBULANCES/AIR TRANS	18		370	3,479.63	9.40	.114	193.31 1.07
OTHER TRANS	2		388	744.10	1.92	.119	372.05 .23
OTHER SERVICES	0		0	.00	.00	.000	.00 .00
ACUPUNCTURE	0		0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	9		9	945.00	105.00	.003	105.00 .29
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00 .00
OPTICIAN	33		71	616.70	8.69	.022	18.69 .19
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00 .00
PORTABLE X-RAY	0		0	.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00 .00
PROSTHETICS	0		0	.00	.00	.000	.00 .00
ORTHOTICS	0		0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0		0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	5		6	1,531.57	255.26	.002	306.31 .47
HOSPICE SERVICES	0		0	.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00 .00

LOCAL EDUCATION AGENCIES	67	13,980		35,149.43		2.51	4.303	524.62	10.82
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	14	6,012		2,318.65		.39	1.850	165.62	.71
@CALIF. CHILDREN SERVICES*	67	3,189	\$	42,418.15	\$	13.30	.982	\$ 633.11	\$ 13.06
@XOVER EXCLUDING STATE HOSP**	2	2	\$	69.30	\$	34.65	.001	\$ 34.65	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,197
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,198
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,199
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,200
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

PAGE 9,201
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,202
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,203
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NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
NEVADA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,207							
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05							
NEVADA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57							

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,208
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,209
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

237 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	104	876	\$ 84,017.73	\$ 95.91	3.696	\$ 807.86	\$ 354.51
@PHYSICIANS SERVICES	55	186	\$ 11,535.25	\$ 62.02	.785	\$ 209.73	\$ 48.67
OUTPATIENT VISITS	26	34	2,068.44	60.84	.143	79.56	8.73
OFFICE VISITS	10	12	360.19	30.02	.051	36.02	1.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	271.13	45.19	.025	54.23	1.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	9	11	1,257.75	114.34	.046	139.75	5.31
OTHER OUTPATIENT	4	5	179.37	35.87	.021	44.84	.76
INPATIENT VISITS	9	20	801.31	40.07	.084	89.03	3.38
HOSPITAL VISITS	9	20	801.31	40.07	.084	89.03	3.38
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	14	6,432.10	459.44	.059	714.68	27.14
PRINCIPAL SURGEON	7	7	6,182.17	883.17	.030	883.17	26.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	249.93	35.70	.030	124.97	1.05
OUTPATIENT SURGERY	10	79	931.84	11.80	.333	93.18	3.93
PRINCIPAL SURGEON	8	10	552.46	55.25	.042	69.06	2.33

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	69		379.38	5.50	.291	126.46	1.60
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	9	11		254.49	23.14	.046	28.28	1.07
RADIOLOGY	16	21		561.29	26.73	.089	35.08	2.37
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		117.51	117.51	.004	117.51	.50
OTHER SERVICES/ALL X-OVERS	5	6		368.27	61.38	.025	73.65	1.55
@PHARMACY	13	22	\$	971.98	44.18	.093	74.77	4.10
PRESCRIPTION DRUGS	13	22		971.98	44.18	.093	74.77	4.10
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	13	22		971.98	44.18	.093	74.77	4.10
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	3	\$	594.00	198.00	.013	.00	2.51
VISITS - DIAGNOSTIC	0	5CR		10.00	2.00CR	.021CR	.00	.04
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	4		284.00	71.00	.017	.00	1.20
RESTORATIVE DENTISTRY	0	4		300.00	75.00	.017	.00	1.27
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,210
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

237 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.008	\$ 104.99	\$.44
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	75	621	\$ 69,188.08	\$ 111.41	2.620	\$ 922.51	\$ 291.93
HOSP INPATIENT TOTAL	8	30	58,649.38	1954.98	.127	7331.17	247.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	30	58,649.38	1954.98	.127	7331.17	247.47
ACCOMMODATIONS	8	30	11,744.24	391.47	.127	1468.03	49.55

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	30	11,744.24	391.47	.127	1468.03	49.55
ANCILLARIES	8	0	46,905.14	.00	.000	5863.14	197.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	69	591	10,538.70	17.83	2.494	152.73	44.47
MEDICAL	8	9	169.67	18.85	.038	21.21	.72
SURGERY	5	5	400.40	80.08	.021	80.08	1.69
PATHOLOGY	33	186	1,853.43	9.96	.785	56.16	7.82
RADIOLOGY	14	21	1,484.41	70.69	.089	106.03	6.26
ROOM USE	45	88	2,943.57	33.45	.371	65.41	12.42
CROSSOVERS/ALL OTH OUTPTNT	43	282	3,687.22	13.08	1.190	85.75	15.56
@COUNTY HOSPITAL TOTAL	2	2	\$ 145.12	\$ 72.56	.008	\$ 72.56	\$.61
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	145.12	72.56	.008	72.56	.61
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	145.12	72.56	.008	72.56	.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,211
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

237 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	619	\$ 69,042.96	\$ 111.54	2.612	\$ 945.79	\$ 291.32
COMM HOSP INPATIENT TOTAL	8	30	58,649.38	1954.98	.127	7331.17	247.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	30	58,649.38	1954.98	.127	7331.17	247.47
ACCOMMODATIONS	8	30	11,744.24	391.47	.127	1468.03	49.55
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	30	11,744.24	391.47	.127	1468.03	49.55
ANCILLARIES	8	0	46,905.14	.00	.000	5863.14	197.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	67	589	10,393.58	17.65	2.485	155.13	43.85
MEDICAL	8	9	169.67	18.85	.038	21.21	.72
SURGERY	5	5	400.40	80.08	.021	80.08	1.69
PATHOLOGY	33	186	1,853.43	9.96	.785	56.16	7.82
RADIOLOGY	14	21	1,484.41	70.69	.089	106.03	6.26
ROOM USE	45	88	2,943.57	33.45	.371	65.41	12.42
CROSSOVERS/ALL OTH OUTPTNT	41	280	3,542.10	12.65	1.181	86.39	14.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	9	19	\$	308.91	\$	16.26	.080	\$	34.32
PATHOLOGY	9	19		308.91		16.26	.080		34.32
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,212
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

237 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	23	\$ 1,314.52	\$ 57.15	.097	\$ 109.54	\$ 5.55
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	15	498.52	33.23	.063	124.63	2.10
AMBULANCES/AIR TRANS	4	15	498.52	33.23	.063	124.63	2.10
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	8	8	816.00	102.00	.034	102.00	3.44
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	98	\$	743.22	\$	7.58	.414	\$ 123.87	\$ 3.14
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,213
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,214
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,215
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,216
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,217
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	99	1,191	\$ 80,948.84	\$ 67.97	8.329	\$ 817.67	\$ 566.08
@PHYSICIANS SERVICES	64	606	\$ 25,473.10	\$ 42.03	4.238	\$ 398.02	\$ 178.13
OUTPATIENT VISITS	35	62	1,993.54	32.15	.434	56.96	13.94
OFFICE VISITS	33	60	1,904.34	31.74	.420	57.71	13.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.014	44.60	.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5	237.45	47.49	.035	118.73	1.66
HOSPITAL VISITS	2	5	237.45	47.49	.035	118.73	1.66
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.007	57.79	.40
EXAMINATIONS	1	1	57.79	57.79	.007	57.79	.40
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	159	922.14	5.80	1.112	230.54	6.45
PRINCIPAL SURGEON	2	3	478.87	159.62	.021	239.44	3.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	156	443.27	2.84	1.091	221.64	3.10
OUTPATIENT SURGERY	16	198	2,035.83	10.28	1.385	127.24	14.24
PRINCIPAL SURGEON	10	10	1,325.78	132.58	.070	132.58	9.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	188	710.05	3.78	1.315	101.44	4.97
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	39	888.45	22.78	.273	49.36	6.21
RADIOLOGY	27	66	4,846.17	73.43	.462	179.49	33.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	6	14,035.80	2339.30	.042	2807.16	98.15
OTHER SERVICES/ALL X-OVERS	9	70	455.93	6.51	.490	50.66	3.19
@PHARMACY	51	143	\$ 13,356.00	\$ 93.40	1.000	\$ 261.88	\$ 93.40
PRESCRIPTION DRUGS	51	143	13,356.00	93.40	1.000	261.88	93.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	51	143	13,356.00	93.40	1.000	261.88	93.40

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	5	\$	113.00	\$ 22.60	.035	\$ 56.50	\$.79
VISITS - DIAGNOSTIC	2	5		113.00	22.60	.035	56.50	.79
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,218	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						AID CODES 0M 0N 0P	

	143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$ 24.00	.007	\$ 24.00	\$.17
@TOTAL HOSPITAL	46	403	\$	40,659.51	\$ 100.89	2.818	\$ 883.90	\$ 284.33
HOSP INPATIENT TOTAL	2	10		25,443.88	2544.39	.070	12721.94	177.93
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	10		25,443.88	2544.39	.070	12721.94	177.93
ACCOMMODATIONS	2	10		3,775.96	377.60	.070	1887.98	26.41
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		3,775.96	377.60	.070	1887.98	26.41
ANCILLARIES	2	0		21,667.92	.00	.000	10833.96	151.52
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	46	393		15,215.63	38.72	2.748	330.77	106.40
MEDICAL	5	6		295.69	49.28	.042	59.14	2.07
SURGERY	6	6		272.59	45.43	.042	45.43	1.91
PATHOLOGY	27	88		1,324.46	15.05	.615	49.05	9.26
RADIOLOGY	22	98		7,704.19	78.61	.685	350.19	53.88
ROOM USE	18	30		1,169.67	38.99	.210	64.98	8.18

CROSSOVERS/ALL OTH OUTPTNT	16	165		4,449.03	26.96	1.154	278.06	31.11
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,219
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	403	\$ 40,659.51	\$ 100.89	2.818	\$ 883.90	\$ 284.33
COMM HOSP INPATIENT TOTAL	2	10	25,443.88	2544.39	.070	12721.94	177.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	10	25,443.88	2544.39	.070	12721.94	177.93
ACCOMMODATIONS	2	10	3,775.96	377.60	.070	1887.98	26.41
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	10		3,775.96		377.60	.070	1887.98	26.41
ANCILLARIES	2	0		21,667.92		.00	.000	10833.96	151.52
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	46	393		15,215.63		38.72	2.748	330.77	106.40
MEDICAL	5	6		295.69		49.28	.042	59.14	2.07
SURGERY	6	6		272.59		45.43	.042	45.43	1.91
PATHOLOGY	27	88		1,324.46		15.05	.615	49.05	9.26
RADIOLOGY	22	98		7,704.19		78.61	.685	350.19	53.88
ROOM USE	18	30		1,169.67		38.99	.210	64.98	8.18
CROSSOVERS/ALL OTH OUTPTNT	16	165		4,449.03		26.96	1.154	278.06	31.11
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	14	18	\$	361.72	\$	20.10	.126	\$ 25.84	\$ 2.53
PATHOLOGY	14	18		361.72		20.10	.126	25.84	2.53
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	961.51	\$	64.10	.105	\$ 96.15	\$ 6.72
CLINIC	2	2		72.17		36.09	.014	36.09	.50
SURGICENTER	1	6		105.79		17.63	.042	105.79	.74
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	7		783.55		111.94	.049	111.94	5.48

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,220
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,221
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	136	\$ 3,260.52	\$ 23.97	2.776	\$ 163.03	\$ 66.54
@PHYSICIANS SERVICES	12	77	\$ 1,893.01	\$ 24.58	1.571	\$ 157.75	\$ 38.63
OUTPATIENT VISITS	7	8	205.16	25.65	.163	29.31	4.19
OFFICE VISITS	6	6	118.70	19.78	.122	19.78	2.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	86.46	43.23	.041	43.23	1.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	48	400.18	8.34	.980	133.39	8.17
PRINCIPAL SURGEON	1	1	224.47	224.47	.020	224.47	4.58
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	47	175.71	3.74	.959	87.86	3.59
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	148.94	37.24	.082	49.65	3.04
RADIOLOGY	3	3	102.56	34.19	.061	34.19	2.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	1	8		1,032.03		129.00	.163	1032.03	21.06
OTHER SERVICES/ALL X-OVERS	1	6		4.14		.69	.122	4.14	.08
@PHARMACY	5	8	\$	86.97	\$	10.87	.163	17.39	1.77
PRESCRIPTION DRUGS	5	8		86.97		10.87	.163	17.39	1.77
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	5	8		86.97		10.87	.163	17.39	1.77
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								
	AID CODES 0R 0T 0U 0V								

PAGE 9,222
03/14/05

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	50	\$ 1,258.14	\$ 25.16	1.020	\$ 157.27	\$ 25.68
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	8	50	1,258.14	25.16	1.020	157.27	25.68
MEDICAL	1	1	17.35	17.35	.020	17.35	.35
SURGERY	3	3	159.18	53.06	.061	53.06	3.25
PATHOLOGY	7	21	295.16	14.06	.429	42.17	6.02
RADIOLOGY	1	2	108.02	54.01	.041	108.02	2.20
ROOM USE	5	9	327.68	36.41	.184	65.54	6.69
CROSSOVERS/ALL OTH OUTPTNT	4	14	350.75	25.05	.286	87.69	7.16
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,223
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

	49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	50	\$	1,258.14	\$ 25.16	1.020	\$ 157.27	\$ 25.68
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	50		1,258.14	25.16	1.020	157.27	25.68
MEDICAL	1	1		17.35	17.35	.020	17.35	.35
SURGERY	3	3		159.18	53.06	.061	53.06	3.25
PATHOLOGY	7	21		295.16	14.06	.429	42.17	6.02
RADIOLOGY	1	2		108.02	54.01	.041	108.02	2.20
ROOM USE	5	9		327.68	36.41	.184	65.54	6.69
CROSSOVERS/ALL OTH OUTPTNT	4	14		350.75	25.05	.286	87.69	7.16
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	22.40	\$	22.40	.020	\$ 22.40	\$.46
PATHOLOGY	1	1		22.40		22.40	.020	22.40	.46
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,224		
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05		
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY						AID CODES 0R 0T 0U 0V		

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,225
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	119	1,327	\$ 84,209.36	\$ 63.46	6.911	\$ 707.64	\$ 438.59
@PHYSICIANS SERVICES	76	683	\$ 27,366.11	\$ 40.07	3.557	\$ 360.08	\$ 142.53
OUTPATIENT VISITS	42	70	2,198.70	31.41	.365	52.35	11.45
OFFICE VISITS	39	66	2,023.04	30.65	.344	51.87	10.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	175.66	43.92	.021	43.92	.91
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5	237.45	47.49	.026	118.73	1.24
HOSPITAL VISITS	2	5	237.45	47.49	.026	118.73	1.24
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.005	57.79	.30
EXAMINATIONS	1	1	57.79	57.79	.005	57.79	.30
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	159	922.14	5.80	.828	230.54	4.80
PRINCIPAL SURGEON	2	3	478.87	159.62	.016	239.44	2.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	156	443.27	2.84	.813	221.64	2.31
OUTPATIENT SURGERY	19	246	2,436.01	9.90	1.281	128.21	12.69
PRINCIPAL SURGEON	11	11	1,550.25	140.93	.057	140.93	8.07

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	235	885.76	3.77	1.224	98.42	4.61
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	43	1,037.39	24.13	.224	49.40	5.40
RADIOLOGY	30	69	4,948.73	71.72	.359	164.96	25.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	14	15,067.83	1076.27	.073	2511.31	78.48
OTHER SERVICES/ALL X-OVERS	10	76	460.07	6.05	.396	46.01	2.40
@PHARMACY	56	151	\$ 13,442.97	\$ 89.03	.786	\$ 240.05	\$ 70.02
PRESCRIPTION DRUGS	56	151	13,442.97	89.03	.786	240.05	70.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	56	151	13,442.97	89.03	.786	240.05	70.02
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	5	\$ 113.00	\$ 22.60	.026	\$ 56.50	\$.59
VISITS - DIAGNOSTIC	2	5	113.00	22.60	.026	56.50	.59
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,226
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.005 \$ 24.00 \$.13
@TOTAL HOSPITAL	54	453	\$ 41,917.65	\$ 92.53	2.359 \$ 776.25 \$ 218.32
HOSP INPATIENT TOTAL	2	10	25,443.88	2544.39	.052 12721.94 132.52
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	2	10	25,443.88	2544.39	.052 12721.94 132.52
ACCOMMODATIONS	2	10	3,775.96	377.60	.052 1887.98 19.67

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,775.96	377.60	.052	1887.98	19.67
ANCILLARIES	2	0	21,667.92	.00	.000	10833.96	112.85
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	54	443	16,473.77	37.19	2.307	305.07	85.80
MEDICAL	6	7	313.04	44.72	.036	52.17	1.63
SURGERY	9	9	431.77	47.97	.047	47.97	2.25
PATHOLOGY	34	109	1,619.62	14.86	.568	47.64	8.44
RADIOLOGY	23	100	7,812.21	78.12	.521	339.66	40.69
ROOM USE	23	39	1,497.35	38.39	.203	65.10	7.80
CROSSOVERS/ALL OTH OUTPTNT	20	179	4,799.78	26.81	.932	239.99	25.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,227
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	453	\$ 41,917.65	\$ 92.53	2.359	\$ 776.25	\$ 218.32
COMM HOSP INPATIENT TOTAL	2	10	25,443.88	2544.39	.052	12721.94	132.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	10	25,443.88	2544.39	.052	12721.94	132.52
ACCOMMODATIONS	2	10	3,775.96	377.60	.052	1887.98	19.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,775.96	377.60	.052	1887.98	19.67
ANCILLARIES	2	0	21,667.92	.00	.000	10833.96	112.85
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	54	443	16,473.77	37.19	2.307	305.07	85.80
MEDICAL	6	7	313.04	44.72	.036	52.17	1.63
SURGERY	9	9	431.77	47.97	.047	47.97	2.25
PATHOLOGY	34	109	1,619.62	14.86	.568	47.64	8.44
RADIOLOGY	23	100	7,812.21	78.12	.521	339.66	40.69
ROOM USE	23	39	1,497.35	38.39	.203	65.10	7.80
CROSSOVERS/ALL OTH OUTPTNT	20	179	4,799.78	26.81	.932	239.99	25.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	15	19	\$	384.12	\$	20.22	.099	\$ 25.61	\$ 2.00
PATHOLOGY	15	19		384.12		20.22	.099	25.61	2.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	961.51	\$	64.10	.078	\$ 96.15	\$ 5.01
CLINIC	2	2		72.17		36.09	.010	36.09	.38
SURGICENTER	1	6		105.79		17.63	.031	105.79	.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	7		783.55		111.94	.036	111.94	4.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,228
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,229
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15	1,744	\$ 2,247.10	\$ 1.29	29.067	\$ 149.81	\$ 37.45
@PHYSICIANS SERVICES	9	22	\$ 880.26	\$ 40.01	.367	\$ 97.81	\$ 14.67
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	22		880.26	40.01	.367	97.81	14.67
@PHARMACY	3	1,713	\$	447.94	\$	.26	28.550	\$ 149.31 \$ 7.47
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	3	1,713		447.94	.26	28.550	149.31	7.47
@DENTIST	1	2	\$	.00	\$	.00	.033	\$.00 \$.00
VISITS - DIAGNOSTIC	1	2		.00	.00	.033	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,230
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	4	\$	890.21	\$	222.55	.067	\$	296.74	\$	14.84
HOSP INPATIENT TOTAL	1	0		876.00		.00	.000		876.00		14.60
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		14.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	4		14.21		3.55	.067		7.11		.24
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	4		14.21		3.55	.067		7.11		.24
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,231
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$ 890.21	\$ 222.55	.067	\$ 296.74	\$ 14.84
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	14.60
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	14.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	14.21	3.55	.067	7.11	.24
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4		14.21		3.55	.067	7.11	.24
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	9.31	\$	.00	.000	\$ 9.31	\$.16
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	0		9.31		.00	.000	9.31	.16
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,232
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$ 19.38	\$ 6.46	.050	\$ 19.38	\$.32
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	3	19.38	6.46	.050	19.38	.32
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	14	1,742	\$ 2,247.10	\$ 1.29	29.033	\$ 160.51	\$ 37.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,233

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1,600 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	497	3,552	\$ 68,388.60	\$ 19.25	2.220	\$ 137.60	\$ 42.74
@PHYSICIANS SERVICES	239	438	\$ 13,362.62	\$ 30.51	.274	\$ 55.91	\$ 8.35
OUTPATIENT VISITS	210	291	9,141.55	31.41	.182	43.53	5.71
OFFICE VISITS	160	220	6,067.75	27.58	.138	37.92	3.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	58	67	2,960.48	44.19	.042	51.04	1.85
PREVENTIVE CARE	1	1	43.85	43.85	.001	43.85	.03
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	69.47	23.16	.002	23.16	.04
INPATIENT VISITS	4	9	997.64	110.85	.006	249.41	.62
HOSPITAL VISITS	3	7	399.64	57.09	.004	133.21	.25
CRITICAL CARE	2	2	598.00	299.00	.001	299.00	.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	.00	.00	.001	.00	.00
EXAMINATIONS	1	1	.00	.00	.001	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	13	199.37	15.34	.008	99.69	.12
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	199.37	15.34	.008	99.69	.12
OUTPATIENT SURGERY	15	17	1,014.70	59.69	.011	67.65	.63
PRINCIPAL SURGEON	14	15	994.95	66.33	.009	71.07	.62
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	19.75	9.88	.001	19.75	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	14	99.84	7.13	.009	7.68	.06
RADIOLOGY	32	45	709.98	15.78	.028	22.19	.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	6	60.36	10.06	.004	60.36	.04
OTHER SERVICES/ALL X-OVERS	26	42	1,139.18	27.12	.026	43.81	.71
@PHARMACY	172	268	\$ 7,253.32	\$ 27.06	.168	\$ 42.17	\$ 4.53
PRESCRIPTION DRUGS	172	266	7,144.69	26.86	.166	41.54	4.47
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	172	266	7,144.69	26.86	.166	41.54	4.47

MEDICAL SUPPLIES	2	2		108.63	54.32	.001	54.32	.07
@DENTIST	35	205	\$	6,265.00	\$ 30.56	.128	\$ 179.00	\$ 3.92
VISITS - DIAGNOSTIC	28	97		1,398.00	14.41	.061	49.93	.87
ORAL SURGERY	3	6		242.00	40.33	.004	80.67	.15
DRUGS	6	7		125.00	17.86	.004	20.83	.08
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	5	21		1,491.00	71.00	.013	298.20	.93
RESTORATIVE DENTISTRY	13	49		2,859.00	58.35	.031	219.92	1.79
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00	120.00	.001	120.00	.08
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	23		.00	.00	.014	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,234	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
NEVADA COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P	

1,600 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	4	\$ 175.15	\$ 43.79	.003	\$ 43.79	\$.11
DIAGNOSTIC AND ANC. PROCED	4	4	175.15	43.79	.003	43.79	.11
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	5	10	\$ 154.66	\$ 15.47	.006	\$ 30.93	\$.10
VISITS	5	10	154.66	15.47	.006	30.93	.10
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 88.59	\$ 44.30	.001	\$ 44.30	\$.06
MEDICINE/INJECTIONS	2	2	88.59	44.30	.001	44.30	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	52.36	26.18	.001	\$ 26.18	\$.03
@TOTAL HOSPITAL	107	335	\$	27,030.01	80.69	.209	\$ 252.62	\$ 16.89
HOSP INPATIENT TOTAL	6	14		19,561.51	1397.25	.009	3260.25	12.23
HSC HOSPITALS	2	7		8,680.00	1240.00	.004	4340.00	5.43
NON-HSC HOSPITAL TOTAL	4	7		10,881.51	1554.50	.004	2720.38	6.80
ACCOMMODATIONS	4	7		3,680.92	525.85	.004	920.23	2.30
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7		3,680.92	525.85	.004	920.23	2.30
ANCILLARIES	4	0		7,200.59	.00	.000	1800.15	4.50
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	102	321		7,468.50	23.27	.201	73.22	4.67
MEDICAL	32	38		1,156.26	30.43	.024	36.13	.72
SURGERY	7	9		136.96	15.22	.006	19.57	.09
PATHOLOGY	25	104		894.18	8.60	.065	35.77	.56
RADIOLOGY	27	29		1,293.99	44.62	.018	47.93	.81
ROOM USE	78	91		3,112.41	34.20	.057	39.90	1.95
CROSSOVERS/ALL OTH OUTPTNT	31	50		874.70	17.49	.031	28.22	.55
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,235
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	1,600 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	107	335	\$	27,030.01	\$ 80.69	.209	\$ 252.62	\$ 16.89
COMM HOSP INPATIENT TOTAL	6	14		19,561.51	1397.25	.009	3260.25	12.23
HSC HOSPITALS	2	7		8,680.00	1240.00	.004	4340.00	5.43
NON-HSC HOSPITALS TOTAL	4	7		10,881.51	1554.50	.004	2720.38	6.80
ACCOMMODATIONS	4	7		3,680.92	525.85	.004	920.23	2.30
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	4	7	3,680.92	525.85	.004	920.23	2.30
ANCILLARIES	4	0	7,200.59	.00	.000	1800.15	4.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	102	321	7,468.50	23.27	.201	73.22	4.67
MEDICAL	32	38	1,156.26	30.43	.024	36.13	.72
SURGERY	7	9	136.96	15.22	.006	19.57	.09
PATHOLOGY	25	104	894.18	8.60	.065	35.77	.56
RADIOLOGY	27	29	1,293.99	44.62	.018	47.93	.81
ROOM USE	78	91	3,112.41	34.20	.057	39.90	1.95
CROSSOVERS/ALL OTH OUTPTNT	31	50	874.70	17.49	.031	28.22	.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	29	\$ 459.28	\$ 15.84	.018	\$ 229.64	\$.29
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	29	459.28	15.84	.018	229.64	.29
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	38	66	\$ 6,410.78	\$ 97.13	.041	\$ 168.70	\$ 4.01
CLINIC	10	16	372.11	23.26	.010	37.21	.23
SURGICENTER	2	13	477.42	36.72	.008	238.71	.30
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	27	37	5,561.25	150.30	.023	205.97	3.48

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

PAGE 9,236 03/14/05

1,600 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	37	2,193	\$ 7,136.83	\$ 3.25	1.371	\$ 192.89	\$ 4.46
DURABLE MED. EQUIP.	2	4	218.40	54.60	.003	109.20	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	52	802.02	15.42	.033	160.40	.50
AMBULANCES/AIR TRANS	5	52	802.02	15.42	.033	160.40	.50
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168.00	.001	168.00	.11
PROSTHETICS	1	1	168.00	168.00	.001	168.00	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	29	2,132	5,943.76	2.79	1.333	204.96	3.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4	4.65	1.16	.003	4.65	.00
@CALIF. CHILDREN SERVICES*	6	72	\$ 1,573.68	\$ 21.86	.045	\$ 262.28	\$.98
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,237
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

1,692 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	727	3,560	\$ 130,548.00	\$ 36.67	2.104	\$ 179.57	\$ 77.16
@PHYSICIANS SERVICES	260	836	\$ 20,027.05	\$ 23.96	.494	\$ 77.03	\$ 11.84
OUTPATIENT VISITS	207	254	9,749.53	38.38	.150	47.10	5.76
OFFICE VISITS	147	178	5,695.23	32.00	.105	38.74	3.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	64	71	3,683.82	51.88	.042	57.56	2.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	313.10	104.37	.002	104.37	.19
OTHER OUTPATIENT	2	2	57.38	28.69	.001	28.69	.03
INPATIENT VISITS	9	18	1,115.75	61.99	.011	123.97	.66
HOSPITAL VISITS	9	18	1,115.75	61.99	.011	123.97	.66
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	57.79	28.90	.001	57.79	.03
EXAMINATIONS	1	2	57.79	28.90	.001	57.79	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	100	1,973.61	19.74	.059	493.40	1.17
PRINCIPAL SURGEON	3	4	1,693.92	423.48	.002	564.64	1.00
ASSISTANT SURGEON	1	1	93.08	93.08	.001	93.08	.06
ANESTHESIOLOGIST	1	95	186.61	1.96	.056	186.61	.11
OUTPATIENT SURGERY	17	43	2,184.98	50.81	.025	128.53	1.29
PRINCIPAL SURGEON	14	17	1,630.88	95.93	.010	116.49	.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	26	554.10	21.31	.015	138.53	.33
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	26	34	412.21	12.12	.020	15.85	.24
RADIOLOGY	64	74	2,194.20	29.65	.044	34.28	1.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	2	2		115.52		57.76	.001	57.76	.07
OTHER SERVICES/ALL X-OVERS	25	309		2,223.46		7.20	.183	88.94	1.31
@PHARMACY	222	363	\$	19,662.06	\$	54.17	.215	88.57	\$ 11.62
PRESCRIPTION DRUGS	220	358		19,633.27		54.84	.212	89.24	11.60
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	220	358		19,633.27		54.84	.212	89.24	11.60
MEDICAL SUPPLIES	3	5		28.79		5.76	.003	9.60	.02
@DENTIST	73	350	\$	9,814.00	\$	28.04	.207	134.44	\$ 5.80
VISITS - DIAGNOSTIC	62	241		4,530.00		18.80	.142	73.06	2.68
ORAL SURGERY	9	24		986.00		41.08	.014	109.56	.58
DRUGS	4	4		50.00		12.50	.002	12.50	.03
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	3	6		926.00		154.33	.004	308.67	.55
RESTORATIVE DENTISTRY	20	71		3,247.00		45.73	.042	162.35	1.92
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	6	4		75.00		18.75	.002	12.50	.04
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
FEE-FOR-SERVICE/DENTAL									
SUMMARY OF SERVICES FOR 100% PROGRAM									
AID CODES 7A 7C 8R 8T									
----- MONTHLY AVERAGE -----									
1,692 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	17	38	\$	1,035.43	\$ 27.25	.022	\$ 60.91	\$	.61
DIAGNOSTIC AND ANC. PROCED	17	17		750.58	44.15	.010	44.15		.44
EYE APPLIANCES	7	21		284.85	13.56	.012	40.69		.17
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	4	12	\$	117.04	\$ 9.75	.007	\$ 29.26	\$	.07
VISITS	4	12		117.04	9.75	.007	29.26		.07
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$ 24.00	.001	\$ 24.00	\$	.03
@TOTAL HOSPITAL	166	861	\$	46,675.41	\$ 54.21	.509	\$ 281.18	\$	27.59
HOSP INPATIENT TOTAL	8	18		24,742.73	1374.60	.011	3092.84		14.62
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	8	18		24,742.73	1374.60	.011	3092.84		14.62
ACCOMMODATIONS	8	18		7,369.12	409.40	.011	921.14		4.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	18		7,369.12	409.40	.011	921.14		4.36
ANCILLARIES	8	0		17,373.61	.00	.000	2171.70		10.27
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	161	843	21,932.68	26.02	.498	136.23	12.96
MEDICAL	24	29	1,320.33	45.53	.017	55.01	.78
SURGERY	16	19	1,163.50	61.24	.011	72.72	.69
PATHOLOGY	70	213	2,891.35	13.57	.126	41.31	1.71
RADIOLOGY	54	63	4,415.50	70.09	.037	81.77	2.61
ROOM USE	102	157	5,586.67	35.58	.093	54.77	3.30
CROSSOVERS/ALL OTH OUTPTNT	64	362	6,555.33	18.11	.214	102.43	3.87
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,239
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,692 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	166	861	\$ 46,675.41	\$ 54.21	.509	\$ 281.18	\$ 27.59

COMM HOSP INPATIENT TOTAL	8	18		24,742.73	1374.60	.011	3092.84	14.62
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	18		24,742.73	1374.60	.011	3092.84	14.62
ACCOMMODATIONS	8	18		7,369.12	409.40	.011	921.14	4.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	18		7,369.12	409.40	.011	921.14	4.36
ANCILLARIES	8	0		17,373.61	.00	.000	2171.70	10.27
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	161	843		21,932.68	26.02	.498	136.23	12.96
MEDICAL	24	29		1,320.33	45.53	.017	55.01	.78
SURGERY	16	19		1,163.50	61.24	.011	72.72	.69
PATHOLOGY	70	213		2,891.35	13.57	.126	41.31	1.71
RADIOLOGY	54	63		4,415.50	70.09	.037	81.77	2.61
ROOM USE	102	157		5,586.67	35.58	.093	54.77	3.30
CROSSOVERS/ALL OTH OUTPTNT	64	362		6,555.33	18.11	.214	102.43	3.87
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	35	\$	703.83	\$ 20.11	.021	\$ 50.27	\$.42
PATHOLOGY	14	35		703.83	20.11	.021	50.27	.42
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	101	140	\$	19,435.42	\$ 138.82	.083	\$ 192.43	\$ 11.49
CLINIC	23	39		1,277.73	32.76	.023	55.55	.76
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	78	101		18,157.69	179.78	.060	232.79	10.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,240
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T							

	1,692 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS		134	923	\$ 13,029.76	\$ 14.12	.546	\$ 97.24	\$ 7.70
DURABLE MED. EQUIP.		1	2	37.74	18.87	.001	37.74	.02
BLOOD BANK		0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS		0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION		11	126	3,824.16	30.35	.074	347.65	2.26

AMBULANCES/AIR TRANS	11	125	2,024.16	16.19	.074	184.01	1.20
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	630.00	105.00	.004	105.00	.37
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	99.84	8.32	.007	16.64	.06
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.001	144.48	.09
PROSTHETICS	1	1	144.48	144.48	.001	144.48	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	1,231.46	307.87	.002	615.73	.73
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	108	771	7,054.07	9.15	.456	65.32	4.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001	8.01	.00
@CALIF. CHILDREN SERVICES*	10	65	\$ 3,619.67	\$ 55.69	.038	\$ 361.97	\$ 2.14
@XOVER EXCLUDING STATE HOSP**	1	10	\$ 135.99	\$ 13.60	.006	\$ 135.99	\$.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,241
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	75	\$ 2,631.29	\$ 35.08	.000	\$ 154.78	\$.00
@PHYSICIANS SERVICES	3	3	\$ 169.78	\$ 56.59	.000	\$ 56.59	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	3	3		169.78	56.59	.000	56.59	.00
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.000	.00	.00
@PHARMACY	1	2	\$	8.51	\$ 4.26	.000	\$ 8.51	\$.00
PRESCRIPTION DRUGS	1	2		8.51	4.26	.000	8.51	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	2		8.51	4.26	.000	8.51	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,242
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	66	\$ 2,203.77	\$ 33.39	.000	\$ 244.86	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	66	2,203.77	33.39	.000	244.86	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	57.56	57.56	.000	57.56	.00
PATHOLOGY	2	2	64.17	32.09	.000	32.09	.00
RADIOLOGY	1	2	98.79	49.40	.000	98.79	.00
ROOM USE	7	13	443.37	34.11	.000	63.34	.00
CROSSOVERS/ALL OTH OUTPTNT	8	48	1,539.88	32.08	.000	192.49	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,243
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	66	\$	2,203.77	\$ 33.39	.000	\$ 244.86	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	66		2,203.77	33.39	.000	244.86	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		57.56	57.56	.000	57.56	.00
PATHOLOGY	2	2		64.17	32.09	.000	32.09	.00
RADIOLOGY	1	2		98.79	49.40	.000	98.79	.00
ROOM USE	7	13		443.37	34.11	.000	63.34	.00
CROSSOVERS/ALL OTH OUTPTNT	8	48		1,539.88	32.08	.000	192.49	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	36.47	\$	18.24	.000	\$	18.24
PATHOLOGY	2	2		36.47		18.24	.000		18.24
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	2.76	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		2.76		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,244
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	2	\$	210.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,245
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	0	\$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	1	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	1	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,246
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,247
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,248
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 9,249
03/14/05

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	128	826	\$ 84,964.85	\$ 102.86	8.098	\$ 663.79	\$ 832.99
@PHYSICIANS SERVICES	60	201	\$ 14,688.43	\$ 73.08	1.971	\$ 244.81	\$ 144.00
OUTPATIENT VISITS	20	22	1,768.52	80.39	.216	88.43	17.34
OFFICE VISITS	9	9	517.14	57.46	.088	57.46	5.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	205.68	51.42	.039	51.42	2.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	9	1,045.70	116.19	.088	130.71	10.25
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	23	922.35	40.10	.225	102.48	9.04

HOSPITAL VISITS	9	23	922.35	40.10	.225	102.48	9.04
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	18	6,398.08	355.45	.176	799.76	62.73
PRINCIPAL SURGEON	6	6	5,987.58	997.93	.059	997.93	58.70
ASSISTANT SURGEON	1	1	186.50	186.50	.010	186.50	1.83
ANESTHESIOLOGIST	2	11	224.00	20.36	.108	112.00	2.20
OUTPATIENT SURGERY	13	27	2,514.80	93.14	.265	193.45	24.65
PRINCIPAL SURGEON	13	20	2,175.65	108.78	.196	167.36	21.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	7	339.15	48.45	.069	48.45	3.33
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	28	190.99	6.82	.275	17.36	1.87
RADIOLOGY	20	25	1,334.41	53.38	.245	66.72	13.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	45	507.79	11.28	.441	36.27	4.98
OTHER SERVICES/ALL X-OVERS	8	13	1,051.49	80.88	.127	131.44	10.31
@PHARMACY	23	37	\$ 651.71	\$ 17.61	.363	\$ 28.34	\$ 6.39
PRESCRIPTION DRUGS	23	37	651.71	17.61	.363	28.34	6.39
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	23	37	651.71	17.61	.363	28.34	6.39
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,250
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$ 52.50	.020	\$ 104.99	\$ 1.03
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	52	479	\$	65,917.74	\$ 137.62	4.696	\$ 1267.65	\$ 646.25
HOSP INPATIENT TOTAL	8	47		56,008.33	1191.67	.461	7001.04	549.10
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	47		56,008.33	1191.67	.461	7001.04	549.10
ACCOMMODATIONS	8	47		17,766.00	378.00	.461	2220.75	174.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	47		17,766.00	378.00	.461	2220.75	174.18
ANCILLARIES	8	0		38,242.33	.00	.000	4780.29	374.92
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	50	432		9,909.41	22.94	4.235	198.19	97.15
MEDICAL	2	2		191.90	95.95	.020	95.95	1.88
SURGERY	3	4		137.25	34.31	.039	45.75	1.35
PATHOLOGY	28	87		1,324.06	15.22	.853	47.29	12.98
RADIOLOGY	9	11		1,053.92	95.81	.108	117.10	10.33
ROOM USE	34	70		2,228.66	31.84	.686	65.55	21.85
CROSSOVERS/ALL OTH OUTPTNT	40	258		4,973.62	19.28	2.529	124.34	48.76
@COUNTY HOSPITAL TOTAL	2	18	\$	620.03	\$ 34.45	.176	\$ 310.02	\$ 6.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18		620.03	34.45	.176	310.02	6.08
MEDICAL	1	1		128.57	128.57	.010	128.57	1.26
SURGERY	1	2		59.22	29.61	.020	59.22	.58
PATHOLOGY	1	7		142.59	20.37	.069	142.59	1.40
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	4		254.65	63.66	.039	254.65	2.50
CROSSOVERS/ALL OTH OUTPTNT	2	4		35.00	8.75	.039	17.50	.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,251
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	461	\$ 65,297.71	\$ 141.64	4.520	\$ 1305.95	\$ 640.17
COMM HOSP INPATIENT TOTAL	8	47	56,008.33	1191.67	.461	7001.04	549.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	47	56,008.33	1191.67	.461	7001.04	549.10
ACCOMMODATIONS	8	47	17,766.00	378.00	.461	2220.75	174.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	8	47	17,766.00	378.00	.461	2220.75	174.18
ANCILLARIES	8	0	38,242.33	.00	.000	4780.29	374.92
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	48	414	9,289.38	22.44	4.059	193.53	91.07
MEDICAL	1	1	63.33	63.33	.010	63.33	.62
SURGERY	2	2	78.03	39.02	.020	39.02	.77
PATHOLOGY	27	80	1,181.47	14.77	.784	43.76	11.58
RADIOLOGY	9	11	1,053.92	95.81	.108	117.10	10.33
ROOM USE	33	66	1,974.01	29.91	.647	59.82	19.35
CROSSOVERS/ALL OTH OUTPTNT	38	254	4,938.62	19.44	2.490	129.96	48.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	36	\$ 415.10	\$ 11.53	.353	\$ 23.06	\$ 4.07
PATHOLOGY	18	36	415.10	11.53	.353	23.06	4.07
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	67	\$ 2,766.88	\$ 41.30	.657	\$ 184.46	\$ 27.13
CLINIC	15	67	2,766.88	41.30	.657	184.46	27.13
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,252
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	4	\$	420.00	\$ 105.00	.039	\$ 105.00	\$ 4.12
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4		420.00	105.00	.039	105.00	4.12

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	0	0		.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$	41.60	\$	41.60	.010	\$	41.60 \$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00 \$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,253
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	440	1,515	\$ 97,257.94	\$ 64.20	1.603	\$ 221.04	\$ 102.92
@PHYSICIANS SERVICES	155	310	\$ 12,066.17	\$ 38.92	.328	\$ 77.85	\$ 12.77
OUTPATIENT VISITS	119	157	6,007.41	38.26	.166	50.48	6.36
OFFICE VISITS	73	98	3,012.38	30.74	.104	41.27	3.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	50	54	2,669.23	49.43	.057	53.38	2.82
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	252.62	126.31	.002	126.31	.27
OTHER OUTPATIENT	3	3	73.18	24.39	.003	24.39	.08
INPATIENT VISITS	3	3	171.46	57.15	.003	57.15	.18
HOSPITAL VISITS	3	3	171.46	57.15	.003	57.15	.18
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.06
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	936.33	156.06	.006	312.11	.99
PRINCIPAL SURGEON	2	2	952.49	476.25	.002	476.25	1.01
ASSISTANT SURGEON	0	1CR	162.14CR	162.14	.001CR	.00	.17CR
ANESTHESIOLOGIST	1	5	145.98	29.20	.005	145.98	.15
OUTPATIENT SURGERY	17	28	1,993.14	71.18	.030	117.24	2.11
PRINCIPAL SURGEON	15	18	1,703.32	94.63	.019	113.55	1.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10	289.82	28.98	.011	144.91	.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	19	32	605.64	18.93	.034	31.88	.64
RADIOLOGY	31	49	1,850.52	37.77	.052	59.69	1.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	3	7		58.14		8.31	.007	19.38	.06
OTHER SERVICES/ALL X-OVERS	15	27		385.74		14.29	.029	25.72	.41
@PHARMACY	195	394	\$	35,842.35	\$	90.97	.417	\$ 183.81	\$ 37.93
PRESCRIPTION DRUGS	195	389		35,629.75		91.59	.412	182.72	37.70
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	195	389		35,629.75		91.59	.412	182.72	37.70
MEDICAL SUPPLIES	5	5		212.60		42.52	.005	42.52	.22
@DENTIST	28	123	\$	4,391.00	\$	35.70	.130	\$ 156.82	\$ 4.65
VISITS - DIAGNOSTIC	20	77		1,242.00		16.13	.081	62.10	1.31
ORAL SURGERY	1	6		670.00		111.67	.006	670.00	.71
DRUGS	4	4		95.00		23.75	.004	23.75	.10
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	4	10		639.00		63.90	.011	159.75	.68
RESTORATIVE DENTISTRY	10	26		1,745.00		67.12	.028	174.50	1.85
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,254
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	12	\$	223.45	\$ 18.62	.013	\$ 74.48	\$.24
DIAGNOSTIC AND ANC. PROCED	2	3		94.90	31.63	.003	47.45	.10
EYE APPLIANCES	2	9		128.55	14.28	.010	64.28	.14
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

@CHIROPRACTOR	5	7	\$	117.04	\$	16.72	.007	\$	23.41	\$	.12
VISITS	5	7		117.04		16.72	.007		23.41		.12
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	165.54	\$	41.39	.004	\$	41.39	\$	.18
MEDICINE/INJECTIONS	4	4		165.54		41.39	.004		41.39		.18
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	93	359	\$	33,734.17	\$	93.97	.380	\$	362.73	\$	35.70
HOSP INPATIENT TOTAL	4	7		12,699.06		1814.15	.007		3174.77		13.44
HSC HOSPITALS	2	3		3,576.01		1192.00	.003		1788.01		3.78
NON-HSC HOSPITAL TOTAL	2	4		9,123.05		2280.76	.004		4561.53		9.65
ACCOMMODATIONS	2	4		1,526.56		381.64	.004		763.28		1.62
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4		1,526.56		381.64	.004		763.28		1.62
ANCILLARIES	2	0		7,596.49		.00	.000		3798.25		8.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	90	352		21,035.11		59.76	.372		233.72		22.26
MEDICAL	19	23		9,186.60		399.42	.024		483.51		9.72
SURGERY	17	17		503.16		29.60	.018		29.60		.53
PATHOLOGY	27	71		898.51		12.66	.075		33.28		.95
RADIOLOGY	29	54		3,747.90		69.41	.057		129.24		3.97
ROOM USE	69	83		3,410.41		41.09	.088		49.43		3.61
CROSSOVERS/ALL OTH OUTPTNT	38	104		3,288.53		31.62	.110		86.54		3.48
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,255
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	93	359	\$	33,734.17	\$ 93.97	.380	\$ 362.73	\$ 35.70

COMM HOSP INPATIENT TOTAL	4	7		12,699.06	1814.15	.007	3174.77	13.44
HSC HOSPITALS	2	3		3,576.01	1192.00	.003	1788.01	3.78
NON-HSC HOSPITALS TOTAL	2	4		9,123.05	2280.76	.004	4561.53	9.65
ACCOMMODATIONS	2	4		1,526.56	381.64	.004	763.28	1.62
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		1,526.56	381.64	.004	763.28	1.62
ANCILLARIES	2	0		7,596.49	.00	.000	3798.25	8.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	90	352		21,035.11	59.76	.372	233.72	22.26
MEDICAL	19	23		9,186.60	399.42	.024	483.51	9.72
SURGERY	17	17		503.16	29.60	.018	29.60	.53
PATHOLOGY	27	71		898.51	12.66	.075	33.28	.95
RADIOLOGY	29	54		3,747.90	69.41	.057	129.24	3.97
ROOM USE	69	83		3,410.41	41.09	.088	49.43	3.61
CROSSOVERS/ALL OTH OUTPTNT	38	104		3,288.53	31.62	.110	86.54	3.48
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	35	\$	535.18	15.29	.037	44.60	.57
PATHOLOGY	12	35		535.18	15.29	.037	44.60	.57
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	63	113	\$	8,309.64	73.54	.120	131.90	8.79
CLINIC	35	78		2,603.63	33.38	.083	74.39	2.76
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	28	35		5,706.01	163.03	.037	203.79	6.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,256
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38							

----- MONTHLY AVERAGE -----								
945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	41	158	\$ 1,873.40	\$ 11.86	.167	\$ 45.69	\$ 1.98	
DURABLE MED. EQUIP.	1	1	99.00	99.00	.001	99.00	.10	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	5	270.39	54.08	.005	90.13	.29	

AMBULANCES/AIR TRANS	3	5	270.39	54.08	.005	90.13	.29
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	41.60	8.32	.005	13.87	.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	99.66	99.66	.001	99.66	.11
PROSTHETICS	1	1	99.66	99.66	.001	99.66	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	146	1,362.75	9.33	.154	41.30	1.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,257
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	53	174	\$ 17,163.61	\$ 98.64	1.706	\$ 323.84	\$ 168.27
@PHYSICIANS SERVICES	13	30	\$ 1,205.77	\$ 40.19	.294	\$ 92.75	\$ 11.82
OUTPATIENT VISITS	7	9	437.50	48.61	.088	62.50	4.29
OFFICE VISITS	3	3	122.40	40.80	.029	40.80	1.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	315.10	52.52	.059	63.02	3.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	83.57	41.79	.020	83.57	.82
HOSPITAL VISITS	1	2	83.57	41.79	.020	83.57	.82
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	4	94.01	23.50	.039	94.01	.92
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	94.01	23.50	.039	94.01	.92
OUTPATIENT SURGERY	2	2	162.04	81.02	.020	81.02	1.59
PRINCIPAL SURGEON	2	2	162.04	81.02	.020	81.02	1.59

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	4		120.50	30.13	.039	120.50	1.18
RADIOLOGY	4	4		171.57	42.89	.039	42.89	1.68
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	5		136.58	27.32	.049	136.58	1.34
@PHARMACY	47	67	\$	4,970.40	\$ 74.19	.657	\$ 105.75	\$ 48.73
PRESCRIPTION DRUGS	47	67		4,970.40	74.19	.657	105.75	48.73
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	47	67		4,970.40	74.19	.657	105.75	48.73
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	65	\$ 10,752.17	\$ 165.42	.637	\$ 1075.22	\$ 105.41
HOSP INPATIENT TOTAL	2	7	9,052.14	1293.16	.069	4526.07	88.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7	9,052.14	1293.16	.069	4526.07	88.75
ACCOMMODATIONS	2	7	3,323.82	474.83	.069	1661.91	32.59

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,323.82	474.83	.069	1661.91	32.59
ANCILLARIES	2	0	5,728.32	.00	.000	2864.16	56.16
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	58	1,700.03	29.31	.569	170.00	16.67
MEDICAL	2	2	81.23	40.62	.020	40.62	.80
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	11	172.07	15.64	.108	28.68	1.69
RADIOLOGY	1	1	27.91	27.91	.010	27.91	.27
ROOM USE	7	21	722.12	34.39	.206	103.16	7.08
CROSSOVERS/ALL OTH OUTPTNT	7	23	696.70	30.29	.225	99.53	6.83
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	10	65	\$ 10,752.17	\$ 165.42	.637	\$ 1075.22	\$ 105.41
COMM HOSP INPATIENT TOTAL	2	7	9,052.14	1293.16	.069	4526.07	88.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	9,052.14	1293.16	.069	4526.07	88.75
ACCOMMODATIONS	2	7	3,323.82	474.83	.069	1661.91	32.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,323.82	474.83	.069	1661.91	32.59
ANCILLARIES	2	0	5,728.32	.00	.000	2864.16	56.16
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	58	1,700.03	29.31	.569	170.00	16.67
MEDICAL	2	2	81.23	40.62	.020	40.62	.80
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	11	172.07	15.64	.108	28.68	1.69
RADIOLOGY	1	1	27.91	27.91	.010	27.91	.27
ROOM USE	7	21	722.12	34.39	.206	103.16	7.08
CROSSOVERS/ALL OTH OUTPTNT	7	23	696.70	30.29	.225	99.53	6.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 22.40	\$ 22.40	.010	\$ 22.40	\$.22
PATHOLOGY	1	1	22.40	22.40	.010	22.40	.22
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 59.42	\$ 29.71	.020	\$ 29.71	\$.58
CLINIC	2	2	59.42	29.71	.020	29.71	.58
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

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03/14/05

102 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	9	\$	153.45	\$ 17.05	.088	\$ 76.73	\$ 1.50
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	8		143.05	17.88	.078	143.05	1.40
AMBULANCES/AIR TRANS	1	8		143.05	17.88	.078	143.05	1.40
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1		10.40	10.40	.010	10.40	.10
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,261
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	50	638	\$ 63,410.50	\$ 99.39	8.395	\$ 1268.21	\$ 834.35
@PHYSICIANS SERVICES	8	11	\$ 207.37	\$ 18.85	.145	\$ 25.92	\$ 2.73
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	0	0		.00		.00		.000		.00		.00
RADIOLOGY	0	0		.00		.00		.000		.00		.00
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	11		207.37		18.85		.145		25.92		2.73
@PHARMACY	35	186	\$	12,796.23	\$	68.80		2.447	\$	365.61	\$	168.37
PRESCRIPTION DRUGS	35	186		12,796.23		68.80		2.447		365.61		168.37
SNF/ICF	14	115		8,332.89		72.46		1.513		595.21		109.64
OUTPATIENTS	21	71		4,463.34		62.86		.934		212.54		58.73
MEDICAL SUPPLIES	0	0		.00		.00		.000		.00		.00
@DENTIST	1	1	\$	25.00	\$	25.00		.013	\$	25.00	\$	.33
VISITS - DIAGNOSTIC	1	1		25.00		25.00		.013		25.00		.33
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,262
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

	76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	11.64	\$ 5.82	.026	\$ 5.82	\$.15
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	2		11.64	5.82	.026	5.82	.15
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	41	\$	624.62	\$	15.23	.539	\$	208.21	\$	8.22
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	41		624.62		15.23	.539		208.21		8.22
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	41		624.62		15.23	.539		208.21		8.22
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,263
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	41	\$ 624.62	\$ 15.23	.539	\$ 208.21	\$ 8.22
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	41	624.62	15.23	.539	208.21	8.22
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	41	624.62	15.23	.539	208.21	8.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16	387	\$ 49,491.55	\$ 127.89	5.092	\$ 3093.22	\$ 651.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	387	49,491.55	127.89	5.092	3093.22	651.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	10	\$ 254.09	\$ 25.41	.132	\$ 50.82	\$ 3.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	5	2.57	.51	.066	1.29	.03
PROSTHETIST/ORTHOTISTS	1	1	8.65	8.65	.013	8.65	.11
PROSTHETICS	1	1	8.65	8.65	.013	8.65	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	2	227.24	113.62	.026	227.24	2.99
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	15.63	7.82	.026	15.63	.21
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	20	62	\$ 1,252.31	\$ 20.20	.816	\$ 62.62	\$ 16.48

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	249	\$ 19,594.05	\$ 78.69	10.826	\$ 1031.27	\$ 851.92
@PHYSICIANS SERVICES	6	9	\$ 244.90	\$ 27.21	.391	\$ 40.82	\$ 10.65
OUTPATIENT VISITS	3	4	119.54	29.89	.174	39.85	5.20
OFFICE VISITS	1	1	26.18	26.18	.043	26.18	1.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	93.36	31.12	.130	46.68	4.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		8.22	8.22	.043	8.22	.36
RADIOLOGY	1	1		82.49	82.49	.043	82.49	3.59
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3		34.65	11.55	.130	17.33	1.51
@PHARMACY	9	40	\$	1,688.79	\$ 42.22	1.739	\$ 187.64	\$ 73.43
PRESCRIPTION DRUGS	9	40		1,688.79	42.22	1.739	187.64	73.43
SNF/ICF	3	25		1,325.35	53.01	1.087	441.78	57.62
OUTPATIENTS	6	15		363.44	24.23	.652	60.57	15.80
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,266
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 5.82	\$ 5.82	.043	\$ 5.82	\$.25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1	1		5.82	5.82	.043	5.82	.25
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	5	9	\$	1,300.55	144.51	.391	260.11	56.55
HOSP INPATIENT TOTAL	1	0		876.00	.00	.000	876.00	38.09
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	38.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	9		424.55	47.17	.391	106.14	18.46
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	4		61.67	15.42	.174	30.84	2.68
RADIOLOGY	1	1		275.25	275.25	.043	275.25	11.97
ROOM USE	1	1		34.21	34.21	.043	34.21	1.49
CROSSOVERS/ALL OTH OUTPTNT	2	3		53.42	17.81	.130	26.71	2.32
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,267
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	9	\$ 1,300.55	\$ 144.51	.391	\$ 260.11	\$ 56.55
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	38.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	38.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	9		424.55	47.17	.391	106.14	18.46
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	4		61.67	15.42	.174	30.84	2.68
RADIOLOGY	1	1		275.25	275.25	.043	275.25	11.97
ROOM USE	1	1		34.21	34.21	.043	34.21	1.49
CROSSOVERS/ALL OTH OUTPTNT	2	3		53.42	17.81	.130	26.71	2.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	134	\$	16,035.48	\$ 119.67	5.826	\$ 3207.10	\$ 697.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	134		16,035.48	119.67	5.826	3207.10	697.19
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	.45	\$.15	.130	\$.45	\$.02
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	1	3		.45	.15	.130	.45	.02
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,268
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	53	\$ 318.06	\$ 6.00	2.304	\$ 159.03	\$ 13.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	53	318.06	6.00	2.304	159.03	13.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	2	\$ 357.74	\$ 178.87	.087	\$ 178.87	\$ 15.55
@XOVER EXCLUDING STATE HOSP**	6	9	\$ 983.77	\$ 109.31	.391	\$ 163.96	\$ 42.77

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,269
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

389 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	333	4,314	\$ 139,385.69	\$ 32.31	11.090	\$ 418.58	\$ 358.32
@PHYSICIANS SERVICES	82	177	\$ 7,884.07	\$ 44.54	.455	\$ 96.15	\$ 20.27
OUTPATIENT VISITS	39	45	1,751.20	38.92	.116	44.90	4.50
OFFICE VISITS	27	30	975.39	32.51	.077	36.13	2.51

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6		358.36	59.73	.015	59.73	.92
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9		417.45	46.38	.023	52.18	1.07
INPATIENT VISITS	4	17		854.65	50.27	.044	213.66	2.20
HOSPITAL VISITS	4	17		854.65	50.27	.044	213.66	2.20
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		92.88	46.44	.005	46.44	.24
EXAMINATIONS	2	2		92.88	46.44	.005	46.44	.24
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3		2,100.88	700.29	.008	2100.88	5.40
PRINCIPAL SURGEON	1	3		2,100.88	700.29	.008	2100.88	5.40
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	5		126.16	25.23	.013	63.08	.32
PRINCIPAL SURGEON	1	1		36.63	36.63	.003	36.63	.09
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		89.53	22.38	.010	89.53	.23
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	5		124.34	24.87	.013	62.17	.32
RADIOLOGY	14	28		1,202.20	42.94	.072	85.87	3.09
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	6		5.95	.99	.015	5.95	.02
OTHER SERVICES/ALL X-OVERS	36	66		1,625.81	24.63	.170	45.16	4.18
@PHARMACY	221	2,615	\$	67,581.43	\$ 25.84	6.722	\$ 305.80	\$ 173.73
PRESCRIPTION DRUGS	213	749		65,987.26	88.10	1.925	309.80	169.63
SNF/ICF	10	48		1,912.16	39.84	.123	191.22	4.92
OUTPATIENTS	203	701		64,075.10	91.41	1.802	315.64	164.72
MEDICAL SUPPLIES	15	1,866		1,594.17	.85	4.797	106.28	4.10
@DENTIST	12	36	\$	2,867.00	\$ 79.64	.093	\$ 238.92	\$ 7.37
VISITS - DIAGNOSTIC	7	23		525.00	22.83	.059	75.00	1.35
ORAL SURGERY	1	2		170.00	85.00	.005	170.00	.44
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.003	118.00	.30
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	5		254.00	50.80	.013	127.00	.65
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		1,800.00	450.00	.010	900.00	4.63
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,270
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

					----- MONTHLY AVERAGE -----			
389 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	3	13	\$ 291.42	\$ 22.42	.033	\$ 97.14	\$.75	
DIAGNOSTIC AND ANC. PROCED	3	4	142.35	35.59	.010	47.45	.37	
EYE APPLIANCES	3	9	149.07	16.56	.023	49.69	.38	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	18	\$	60.96	\$	3.39	.046	\$	30.48	\$	.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	18		60.96		3.39	.046		30.48		.16
@HOME HEALTH AGENCY	3	5	\$	440.86	\$	88.17	.013	\$	146.95	\$	1.13
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	65	293	\$	24,434.73	\$	83.39	.753	\$	375.92	\$	62.81
HOSP INPATIENT TOTAL	6	9		18,414.30		2046.03	.023		3069.05		47.34
HSC HOSPITALS	2	9		15,018.00		1668.67	.023		7509.00		38.61
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	0		3,396.30		.00	.000		849.08		8.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	60	284		6,020.43		21.20	.730		100.34		15.48
MEDICAL	5	9		522.70		58.08	.023		104.54		1.34
SURGERY	2	3		103.96		34.65	.008		51.98		.27
PATHOLOGY	24	91		974.68		10.71	.234		40.61		2.51
RADIOLOGY	10	14		1,026.50		73.32	.036		102.65		2.64
ROOM USE	20	26		979.88		37.69	.067		48.99		2.52
CROSSOVERS/ALL OTH OUTPTNT	26	141		2,412.71		17.11	.362		92.80		6.20
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,271
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	389 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	65	293	\$	24,434.73	\$ 83.39	.753	\$ 375.92	\$ 62.81

COMM HOSP INPATIENT TOTAL	6	9		18,414.30	2046.03	.023	3069.05	47.34
HSC HOSPITALS	2	9		15,018.00	1668.67	.023	7509.00	38.61
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	0		3,396.30	.00	.000	849.08	8.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	284		6,020.43	21.20	.730	100.34	15.48
MEDICAL	5	9		522.70	58.08	.023	104.54	1.34
SURGERY	2	3		103.96	34.65	.008	51.98	.27
PATHOLOGY	24	91		974.68	10.71	.234	40.61	2.51
RADIOLOGY	10	14		1,026.50	73.32	.036	102.65	2.64
ROOM USE	20	26		979.88	37.69	.067	48.99	2.52
CROSSOVERS/ALL OTH OUTPTNT	26	141		2,412.71	17.11	.362	92.80	6.20
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	220	\$	27,473.48	124.88	.566	3052.61	70.63
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	220		27,473.48	124.88	.566	3052.61	70.63
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$	28.05	14.03	.005	28.05	.07
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	2		28.05	14.03	.005	28.05	.07
@LABORATORY FACILITY	6	19	\$	304.64	16.03	.049	50.77	.78
PATHOLOGY	6	19		304.64	16.03	.049	50.77	.78
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	28	\$	2,371.92	84.71	.072	131.77	6.10
CLINIC	4	9		193.51	21.50	.023	48.38	.50
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	19		2,178.41	114.65	.049	155.60	5.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,272
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	389 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33		888	\$ 5,647.13	\$ 6.36	2.283	\$ 171.13	\$ 14.52
DURABLE MED. EQUIP.	1		75	2,076.00	27.68	.193	2076.00	5.34
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5		70	560.32	8.00	.180	112.06	1.44

AMBULANCES/AIR TRANS	2	17	404.30	23.78	.044	202.15	1.04
OTHER TRANS	2	48	127.78	2.66	.123	63.89	.33
OTHER SERVICES	1	5	28.24	5.65	.013	28.24	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2	399.45	199.73	.005	399.45	1.03
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	14	162.34	11.60	.036	27.06	.42
PHYSICAL THERAPIST	1	12	24.62	2.05	.031	24.62	.06
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	15.00	15.00	.003	15.00	.04
PROSTHETICS	1	1	15.00	15.00	.003	15.00	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	50.81	50.81	.003	50.81	.13
HOSPICE SERVICES	1	1	113.62	113.62	.003	113.62	.29
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	392	1,965.01	5.01	1.008	151.15	5.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	320	279.96	.87	.823	55.99	.72
@CALIF. CHILDREN SERVICES*	17	88	\$ 16,465.44	\$ 187.11	.226	\$ 968.56	\$ 42.33
@XOVER EXCLUDING STATE HOSP**	49	1,587	\$ 6,882.16	\$ 4.34	4.080	\$ 140.45	\$ 17.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,273
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	402	5,201	\$ 222,390.24	\$ 42.76	10.658	\$ 553.21	\$ 455.72
@PHYSICIANS SERVICES	96	197	\$ 8,336.34	\$ 42.32	.404	\$ 86.84	\$ 17.08
OUTPATIENT VISITS	42	49	1,870.74	38.18	.100	44.54	3.83
OFFICE VISITS	28	31	1,001.57	32.31	.064	35.77	2.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	451.72	50.19	.018	56.47	.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	417.45	46.38	.018	52.18	.86
INPATIENT VISITS	4	17	854.65	50.27	.035	213.66	1.75
HOSPITAL VISITS	4	17	854.65	50.27	.035	213.66	1.75
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.004	46.44	.19
EXAMINATIONS	2	2	92.88	46.44	.004	46.44	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3	2,100.88	700.29	.006	2100.88	4.31
PRINCIPAL SURGEON	1	3	2,100.88	700.29	.006	2100.88	4.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	5	126.16	25.23	.010	63.08	.26
PRINCIPAL SURGEON	1	1	36.63	36.63	.002	36.63	.08

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		89.53	22.38	.008	89.53	.18
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		132.56	22.09	.012	44.19	.27
RADIOLOGY	15	29		1,284.69	44.30	.059	85.65	2.63
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	6		5.95	.99	.012	5.95	.01
OTHER SERVICES/ALL X-OVERS	46	80		1,867.83	23.35	.164	40.61	3.83
@PHARMACY	265	2,841	\$	82,066.45	\$ 28.89	5.822	\$ 309.68	\$ 168.17
PRESCRIPTION DRUGS	257	975		80,472.28	82.54	1.998	313.12	164.90
SNF/ICF	27	188		11,570.40	61.54	.385	428.53	23.71
OUTPATIENTS	230	787		68,901.88	87.55	1.613	299.57	141.19
MEDICAL SUPPLIES	15	1,866		1,594.17	.85	3.824	106.28	3.27
@DENTIST	13	37	\$	2,892.00	\$ 78.16	.076	\$ 222.46	\$ 5.93
VISITS - DIAGNOSTIC	8	24		550.00	22.92	.049	68.75	1.13
ORAL SURGERY	1	2		170.00	85.00	.004	170.00	.35
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.002	118.00	.24
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	5		254.00	50.80	.010	127.00	.52
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		1,800.00	450.00	.008	900.00	3.69
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,274
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	13 \$	291.42	\$ 22.42	.027	\$ 97.14	\$.60
DIAGNOSTIC AND ANC. PROCED	3	4	142.35	35.59	.008	47.45	.29
EYE APPLIANCES	3	9	149.07	16.56	.018	49.69	.31
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	21 \$	78.42	\$ 3.73	.043	\$ 15.68	\$.16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	21	78.42	3.73	.043	15.68	.16
@HOME HEALTH AGENCY	3	5 \$	440.86	\$ 88.17	.010	\$ 146.95	\$.90
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	73	343 \$	26,359.90	\$ 76.85	.703	\$ 361.09	\$ 54.02
HOSP INPATIENT TOTAL	7	9	19,290.30	2143.37	.018	2755.76	39.53
HSC HOSPITALS	2	9	15,018.00	1668.67	.018	7509.00	30.77
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	4,272.30	.00	.000	854.46	8.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	67	334	7,069.60	21.17	.684	105.52	14.49
MEDICAL	5	9	522.70	58.08	.018	104.54	1.07
SURGERY	2	3	103.96	34.65	.006	51.98	.21
PATHOLOGY	26	95	1,036.35	10.91	.195	39.86	2.12
RADIOLOGY	11	15	1,301.75	86.78	.031	118.34	2.67
ROOM USE	21	27	1,014.09	37.56	.055	48.29	2.08
CROSSOVERS/ALL OTH OUTPTNT	31	185	3,090.75	16.71	.379	99.70	6.33
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	343	\$ 26,359.90	\$ 76.85	.703	\$ 361.09	\$ 54.02
COMM HOSP INPATIENT TOTAL	7	9	19,290.30	2143.37	.018	2755.76	39.53
HSC HOSPITALS	2	9	15,018.00	1668.67	.018	7509.00	30.77
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	4,272.30	.00	.000	854.46	8.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	67	334	7,069.60	21.17	.684	105.52	14.49
MEDICAL	5	9	522.70	58.08	.018	104.54	1.07
SURGERY	2	3	103.96	34.65	.006	51.98	.21
PATHOLOGY	26	95	1,036.35	10.91	.195	39.86	2.12
RADIOLOGY	11	15	1,301.75	86.78	.031	118.34	2.67
ROOM USE	21	27	1,014.09	37.56	.055	48.29	2.08
CROSSOVERS/ALL OTH OUTPTNT	31	185	3,090.75	16.71	.379	99.70	6.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	30	741	\$ 93,000.51	\$ 125.51	1.518	\$ 3100.02	\$ 190.57
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	30	741	93,000.51	125.51	1.518	3100.02	190.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$ 28.05	\$ 14.03	.004	\$ 28.05	\$.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	2	28.05	14.03	.004	28.05	.06
@LABORATORY FACILITY	7	22	\$ 305.09	\$ 13.87	.045	\$ 43.58	\$.63
PATHOLOGY	6	19	304.64	16.03	.039	50.77	.62
XO AND OTHERS	1	3	.45	.15	.006	.45	.00
@ORGANIZED OUTPATIENT CLINIC	18	28	\$ 2,371.92	\$ 84.71	.057	\$ 131.77	\$ 4.86
CLINIC	4	9	193.51	21.50	.018	48.38	.40
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	19	2,178.41	114.65	.039	155.60	4.46

#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 9,276

03/14/05

488 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE
UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	40	951	\$	6,219.28	\$ 6.54	1.949	\$ 155.48	\$ 12.74
DURABLE MED. EQUIP.	1	75		2,076.00	27.68	.154	2076.00	4.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	70		560.32	8.00	.143	112.06	1.15
AMBULANCES/AIR TRANS	2	17		404.30	23.78	.035	202.15	.83
OTHER TRANS	2	48		127.78	2.66	.098	63.89	.26
OTHER SERVICES	1	5		28.24	5.65	.010	28.24	.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2		399.45	199.73	.004	399.45	.82
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	14		162.34	11.60	.029	27.06	.33
PHYSICAL THERAPIST	1	12		24.62	2.05	.025	24.62	.05
PORTABLE X-RAY	2	5		2.57	.51	.010	1.29	.01
PROSTHETIST/ORTHOTISTS	2	2		23.65	11.83	.004	11.83	.05
PROSTHETICS	2	2		23.65	11.83	.004	11.83	.05
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1		50.81	50.81	.002	50.81	.10
HOSPICE SERVICES	2	3		340.86	113.62	.006	170.43	.70
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15	445		2,283.07	5.13	.912	152.20	4.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	322		295.59	.92	.660	49.27	.61
@CALIF. CHILDREN SERVICES*	19	90	\$	16,823.18	\$ 186.92	.184	\$ 885.43	\$ 34.47
@XOVER EXCLUDING STATE HOSP**	75	1,658	\$	9,118.24	\$ 5.50	3.398	\$ 121.58	\$ 18.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,277
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	95,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	60,322		915,017	\$ 38,501,560.13	\$ 42.08	9.594	\$ 638.27	\$ 403.69
@PHYSICIANS SERVICES	20,291		64,521	\$ 2,262,698.28	\$ 35.07	.677	\$ 111.51	\$ 23.72
OUTPATIENT VISITS	12,941		18,372	706,225.33	38.44	.193	54.57	7.40
OFFICE VISITS	8,702		11,798	360,764.77	30.58	.124	41.46	3.78
HOME VISITS	7		9	390.13	43.35	.000	55.73	.00
EMERGENCY ROOM	4,580		5,701	298,406.83	52.34	.060	65.15	3.13
PREVENTIVE CARE	10		12	527.99	44.00	.000	52.80	.01
OB VISITS/COMPRI PERI	283		426	33,363.62	78.32	.004	117.89	.35
OTHER OUTPATIENT	392		426	12,771.99	29.98	.004	32.58	.13
INPATIENT VISITS	1,012		3,483	202,315.72	58.09	.037	199.92	2.12
HOSPITAL VISITS	920		2,849	129,859.70	45.58	.030	141.15	1.36
CRITICAL CARE	89		522	69,061.88	132.30	.005	775.98	.72
SNF/ICF/TRANS IP CARE	64		112	3,394.14	30.30	.001	53.03	.04
OPHTHALMOLOGICAL SERVICES	263		312	13,211.35	42.34	.003	50.23	.14
EXAMINATIONS	260		309	13,134.77	42.51	.003	50.52	.14
SERVICES AND MATERIALS	3		3	76.58	25.53	.000	25.53	.00

INPATIENT HOSPITAL SURGERY	801	6,980		417,436.41	59.80	.073	521.14	4.38
PRINCIPAL SURGEON	547	720		338,594.57	470.27	.008	619.00	3.55
ASSISTANT SURGEON	73	73		12,494.44	171.16	.001	171.16	.13
ANESTHESIOLOGIST	295	6,187		66,347.40	10.72	.065	224.91	.70
OUTPATIENT SURGERY	1,672	6,280		247,145.62	39.35	.066	147.81	2.59
PRINCIPAL SURGEON	1,465	1,822		204,373.96	112.17	.019	139.50	2.14
ASSISTANT SURGEON	5	5		495.84	99.17	.000	99.17	.01
ANESTHESIOLOGIST	317	4,453		42,275.82	9.49	.047	133.36	.44
DIALYSIS	38	170		11,766.66	69.22	.002	309.65	.12
PATHOLOGY	1,627	3,002		53,317.39	17.76	.031	32.77	.56
RADIOLOGY	4,148	6,920		233,411.01	33.73	.073	56.27	2.45
PSYCHIATRY	16	18		1,147.12	63.73	.000	71.70	.01
IMMUNIZATION AND INJECTION	460	2,042		78,428.96	38.41	.021	170.50	.82
OTHER SERVICES/ALL X-OVERS	5,230	16,942		298,292.71	17.61	.178	57.03	3.13
@PHARMACY	36,228	399,421	\$	13,044,532.09	\$ 32.66	4.188	\$ 360.07	\$ 136.77
PRESCRIPTION DRUGS	35,882	138,493		12,838,573.90	92.70	1.452	357.80	134.61
SNF/ICF	3,092	23,172		1,310,838.34	56.57	.243	423.95	13.74
OUTPATIENTS	32,910	115,321		11,527,735.56	99.96	1.209	350.28	120.87
MEDICAL SUPPLIES	1,920	260,928		205,958.19	.79	2.736	107.27	2.16
@DENTIST	3,515	14,989	\$	534,237.26	\$ 35.64	.157	\$ 151.99	\$ 5.60
VISITS - DIAGNOSTIC	2,489	9,111		151,940.69	16.68	.096	61.04	1.59
ORAL SURGERY	518	1,339		75,863.75	56.66	.014	146.46	.80
DRUGS	117	138		2,960.00	21.45	.001	25.30	.03
ANESTHESIA	11	14		1,125.00	80.36	.000	102.27	.01
PERIODONTICS	55	71		5,318.50	74.91	.001	96.70	.06
ENDODONTICS	226	412		58,029.25	140.85	.004	256.77	.61
RESTORATIVE DENTISTRY	1,183	3,168		171,394.09	54.10	.033	144.88	1.80
PROSTHETICS	12	13		330.00	25.38	.000	27.50	.00
DENTURES, STAYPLATES	149	420		57,783.90	137.58	.004	387.81	.61
SPACE MAINTAINERS	22	27		2,542.00	94.15	.000	115.55	.03
MAXILLOFACIAL SERVICES	4	5		360.08	72.02	.000	90.02	.00
FRACTURES, DISLOCATIONS	1	1		700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	72	102		5,140.00	50.39	.001	71.39	.05
ALL OTHER SERVICES	128	168		750.00	4.46	.002	5.86	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,278
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	95,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,098	3,306	\$	71,916.72	\$ 21.75	.035	\$ 65.50	\$.75
DIAGNOSTIC AND ANC. PROCED	672	695		29,784.77	42.86	.007	44.32	.31
EYE APPLIANCES	863	2,517		39,629.34	15.74	.026	45.92	.42
OTHER OPTOMETRIC SERVICES	60	94		2,502.61	26.62	.001	41.71	.03
@CHIROPRACTOR	467	788	\$	12,779.74	\$ 16.22	.008	\$ 27.37	\$.13
VISITS	447	761		12,356.08	16.24	.008	27.64	.13
OTHER SERVICES	20	27		423.66	15.69	.000	21.18	.00
@PODIATRIST	428	558	\$	9,852.78	\$ 17.66	.006	\$ 23.02	\$.10
MEDICINE/INJECTIONS	141	161		5,076.79	31.53	.002	36.01	.05
SURGERY/ANES.	14	14		599.37	42.81	.000	42.81	.01
RADIO./PATHOLOGY	9	10		193.32	19.33	.000	21.48	.00
OTHER	288	373		3,983.30	10.68	.004	13.83	.04
@HOME HEALTH AGENCY	163	2,330	\$	94,842.08	\$ 40.70	.024	\$ 581.85	\$.99
NURSE ANESTHESIST	4	58	\$	239.73	\$ 4.13	.001	\$ 59.93	\$.00
NURSE MIDWIFE	60	267	\$	21,137.19	\$ 79.17	.003	\$ 352.29	\$.22
PEDIATRIC NURSE PRACTITIONER	2	2	\$	91.42	\$ 45.71	.000	\$ 45.71	\$.00

FAMILY NURSE PRACTITIONER	256	310	\$	7,700.68	\$	24.84	.003	\$	30.08	\$	.08
@TOTAL HOSPITAL	13,589	69,224	\$	8,739,925.80	\$	126.26	.726	\$	643.16	\$	91.64
HOSP INPATIENT TOTAL	1,265	4,327		6,927,384.14		1600.97	.045		5476.19		72.63
HSC HOSPITALS	183	1,359		1,812,871.14		1333.97	.014		9906.40		19.01
NON-HSC HOSPITAL TOTAL	772	2,968		4,823,579.33		1625.20	.031		6248.16		50.58
ACCOMMODATIONS	772	2,968		1,329,857.42		448.07	.031		1722.61		13.94
ADMINISTRATIVE DAYS	1	5		4,028.74		805.75	.000		4028.74		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	771	2,963		1,325,828.68		447.46	.031		1719.62		13.90
ANCILLARIES	771	0		3,493,721.91		.00	.000		4531.42		36.63
INPATIENT CROSSOVERS	326	0		290,933.67		.00	.000		892.43		3.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,881	64,897		1,812,541.66		27.93	.680		140.71		19.00
MEDICAL	1,997	2,780		123,579.39		44.45	.029		61.88		1.30
SURGERY	1,130	1,287		39,375.61		30.59	.013		34.85		.41
PATHOLOGY	5,054	19,884		249,255.27		12.54	.208		49.32		2.61
RADIOLOGY	3,375	5,044		391,281.58		77.57	.053		115.94		4.10
ROOM USE	7,006	10,185		385,391.41		37.84	.107		55.01		4.04
CROSSOVERS/ALL OTH OUTPTNT	6,352	25,717		623,658.40		24.25	.270		98.18		6.54
@COUNTY HOSPITAL TOTAL	44	382	\$	171,304.05	\$	448.44	.004	\$	3893.27	\$	1.80
CO HOSPITAL INPATIENT TOTAL	5	121		160,898.94		1329.74	.001		32179.79		1.69
HSC HOSPITALS	5	120		160,055.00		1333.79	.001		32011.00		1.68
NON-HSC HOSPITALS TOTAL	1	1		843.94		843.94	.000		843.94		.01
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		231.30		231.30	.000		231.30		.00
ANCILLARIES	1	0		612.64		.00	.000		612.64		.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	39	261		10,405.11		39.87	.003		266.80		.11
MEDICAL	11	18		949.75		52.76	.000		86.34		.01

SURGERY	12	22	965.56	43.89	.000	80.46	.01
PATHOLOGY	11	72	1,487.32	20.66	.001	135.21	.02
RADIOLOGY	9	21	1,851.16	88.15	.000	205.68	.02
ROOM USE	22	44	2,191.33	49.80	.000	99.61	.02
CROSSOVERS/ALL OTH OUTPTNT	27	84	2,959.99	35.24	.001	109.63	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,279
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

----- MONTHLY AVERAGE -----							
95,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,556	68,842	\$ 8,568,621.75	\$ 124.47	.722	\$ 632.09	\$ 89.84
COMM HOSP INPATIENT TOTAL	1,260	4,206	6,766,485.20	1608.77	.044	5370.23	70.95
HSC HOSPITALS	178	1,239	1,652,816.14	1333.99	.013	9285.48	17.33
NON-HSC HOSPITALS TOTAL	771	2,967	4,822,735.39	1625.46	.031	6255.17	50.57
ACCOMMODATIONS	771	2,967	1,329,626.12	448.14	.031	1724.55	13.94
ADMINISTRATIVE DAYS	1	5	4,028.74	805.75	.000	4028.74	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	770	2,962	1,325,597.38	447.53	.031	1721.56	13.90
ANCILLARIES	770	0	3,493,109.27	.00	.000	4536.51	36.63
INPATIENT CROSSOVERS	326	0	290,933.67	.00	.000	892.43	3.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12,852	64,636	1,802,136.55	27.88	.678	140.22	18.90
MEDICAL	1,986	2,762	122,629.64	44.40	.029	61.75	1.29
SURGERY	1,118	1,265	38,410.05	30.36	.013	34.36	.40
PATHOLOGY	5,044	19,812	247,767.95	12.51	.208	49.12	2.60
RADIOLOGY	3,368	5,023	389,430.42	77.53	.053	115.63	4.08
ROOM USE	6,990	10,141	383,200.08	37.79	.106	54.82	4.02
CROSSOVERS/ALL OTH OUTPTNT	6,330	25,633	620,698.41	24.21	.269	98.06	6.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,166	95,396	\$ 10,151,104.07	\$ 106.41	1.000	\$ 3206.29	\$ 106.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	13	423	50,185.01	118.64	.004	3860.39	.53
LEV B-SUBACUTE FREESTANDING	1	24	8,276.88	344.87	.000	8276.88	.09
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,152	94,949	10,092,642.18	106.30	.996	3201.98	105.82
@INTERMEDIATE CARE FACIL.-DD	13	367	\$ 74,818.78	\$ 203.87	.004	\$ 5755.29	\$.78
ICF DDH	1	1	163.45	163.45	.000	163.45	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	366	74,655.33	203.98	.004	6221.28	.78
@HEMODIALYSIS TOTAL	189	6,608	\$ 244,447.40	\$ 36.99	.069	\$ 1293.37	\$ 2.56
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	189	6,608	244,447.40	36.99	.069	1293.37	2.56
@REHABILITATION FACILITY	83	942	\$ 18,349.00	\$ 19.48	.010	\$ 221.07	\$.19
HOSPITAL BASED	23	101	5,385.65	53.32	.001	234.16	.06
INDEPENDENT FACILITY	60	841	12,963.35	15.41	.009	216.06	.14
@LABORATORY FACILITY	1,781	4,622	\$ 71,222.89	\$ 15.41	.048	\$ 39.99	\$.75
PATHOLOGY	1,755	4,544	70,805.46	15.58	.048	40.34	.74
XO AND OTHERS	26	78	417.43	5.35	.001	16.06	.00
@ORGANIZED OUTPATIENT CLINIC	7,090	11,811	\$ 1,208,049.61	\$ 102.28	.124	\$ 170.39	\$ 12.67
CLINIC	2,372	4,139	129,879.93	31.38	.043	54.76	1.36
SURGICENTER	44	227	8,313.27	36.62	.002	188.94	.09
HEROIN DETOX CLINIC	1	7	102.20	14.60	.000	102.20	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
NEVADA COUNTY

4,736 7,438 1,069,754.21
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL CERTIFIED

143.82 .078 225.88 11.22
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03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
95,373 ELIGIBLES							
@ALL OTHER PROVIDERS	7,015	239,497	\$ 1,933,614.61	\$ 8.07	2.511	\$ 275.64	\$ 20.27
DURABLE MED. EQUIP.	473	2,013	199,083.90	98.90	.021	420.90	2.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	68	76	20,225.29	266.12	.001	297.43	.21
MEDICAL TRANSPORTATION	664	10,536	145,042.86	13.77	.110	218.44	1.52
AMBULANCES/AIR TRANS	597	7,418	100,979.97	13.61	.078	169.15	1.06
OTHER TRANS	57	2,939	7,757.09	2.64	.031	136.09	.08
OTHER SERVICES	40	179	36,305.80	202.83	.002	907.65	.38
ACUPUNCTURE	8	15	276.89	18.46	.000	34.61	.00
ADULT DAY HEALTH CARE CTR	389	4,609	320,693.21	69.58	.048	824.40	3.36
GENETIC DISEASE TESTING	159	160	16,752.00	104.70	.002	105.36	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	104	10,574	299,380.00	28.31	.111	2878.65	3.14
OCCUPATIONAL THERAPIST	1	25	514.74	20.59	.000	514.74	.01
OPTICIAN	1,065	2,393	23,509.25	9.82	.025	22.07	.25
PHYSICAL THERAPIST	4	33	425.26	12.89	.000	106.32	.00
PORTABLE X-RAY	76	146	1,002.45	6.87	.002	13.19	.01
PROSTHETIST/ORTHOTISTS	149	360	41,158.80	114.33	.004	276.23	.43
PROSTHETICS	149	360	41,158.80	114.33	.004	276.23	.43
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	569.95	142.49	.000	189.98	.01
SPEECH AND AUDIOLOGY	96	276	17,568.09	63.65	.003	183.00	.18
HOSPICE SERVICES	140	3,629	416,155.99	114.68	.038	2972.54	4.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,328	82,757	320,407.62	3.87	.868	137.63	3.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,594	121,891	110,848.31	.91	1.278	69.54	1.16
@CALIF. CHILDREN SERVICES*	606	20,204	\$ 931,433.35	\$ 46.10	.212	\$ 1537.02	\$ 9.77
@XOVER EXCLUDING STATE HOSP**	6,210	74,592	\$ 978,812.72	\$ 13.12	.782	\$ 157.62	\$ 10.26

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.